Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity
Missoula H S						Missoula		0584
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
rates for special circun increased rates, individual trustees of the district.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Alice Meyer Physical Address (s	treet address	only):				-kindergarten/Kinderg		
1 Hysical Address (s	arcet address	orny).				•		y   Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>42</b> e to nearest bu HS <b>7</b>				Kind by to To d Kind To d	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,times per day,times per day,times per day, _es without other schotimes per day, _	days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Lo	evel - Only include	the students to be	covered by thi	s contract.	Dea	adlines: RENTS: Due to Scho	ool Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						y for your files.	IDENIS: Send origina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						( 3 3.3	,,	,
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by
Agreement betweer	n parent (parei	nt name)				d school district (distr	rict name)	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contri ay the parent the se se basis of the sch	he student(s) to acts are valid o sum officially a edule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on on for the dista ation upon certi	nce reported on the contract	ct actually occurs. rincipal of the school of the nu ring this contract.	lian assures that a licensed and mber of days the student(s) was
Elementary School		Chair, Boar			z. omoneu m St	S. 1001, Williams Vol Occurs IIIS		Date
High School District Missoula H S	: :	Chair, Boar	pair, Board of Trustees Date					
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501		School Year 2005- 2006  Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		Cour	nty	<u> </u>	Legal Entity		
High School or K-12 D	District Responsil	ole for Reimbu	rsing the Con	tract	Cour	nty		Legal Entity		
Missoula H S			J			soula		0584		
Is this contract shar	red between el	ementary an	d high scho	ol?				0001		
□ yes □ no			□ Na							
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	)	□ No increased reir	mbursement	Student N	lame	School	Grade		
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student N	lame	School	Grade		
Check here only if incomplistrict Trustees and t				pproved by the	Student N	lame	School	Grade		
Elem District Approval		□ no	tials		Student N	lame	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Dennis Anderso Physical Address (s		only):				rgarten/Kinder mester Only	garten	y □ Both Semesters		
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade Lementary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	e to nearest so HS 4.5 e to nearest bu HS 4.5 ene-way only evel - Only include  Pre-K Total	the students to b	r (one way)  e covered by th  1-8  Total	9-12 Total	KINDERG Kinderga by this co To or from To or from Kinderga To or from To or from Country CLERKS: files. COUNTY copy for y	GARTEN/PREI rten child ride ontract: n Bus Stop n School rten child ride n Bus Stop n School school reschool res	times per day,times p	days per week days per week days per week ol-age students: days per week		
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on the terminate at the er	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of esum officially a chedule establishear or when the	only when transportation approved in the application application Section 20-10-1 astudent(s) is no longe	ter referred to as or bus stop on the day on for the distance rep tition upon certification 42, MCA, and the info	vs when school is in orted on the contra by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was		
Elementary School		,	ard of Truste					Date		
High School District Missoula H S	t	Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above i	information is tru	e and correct.				
Signature - Parent or	r Guardian			<u></u>			Date	<del></del>		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2005 e to School Clerk			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		<u> </u>	Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsina the Con	tract	County			Legal Entity
Missoula H S					Misso			0584
Is this contract shar	red between el	ementary an	d high scho	ol?	IVIIOOC	Julu		0004
□ yes □ no								
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	)	□ No increased reir	mbursement	Student Nan	ne	School	Grade
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Nan	ne	School	Grade
Check here only if inconstrict Trustees and t		sportation Com	mittee.	pproved by the	Student Nan	ne	School	Grade
Elem District Approval		□ no	tials 		Student Nan	ne	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONT		<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Seme		□ 2nd Semester Onl	y   Both Semesters
Edna M. Kelley Physical Address (s	street address	only):			Pre-kinderga □ 1st Seme		garten □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for contract is for contract in Each Grade Long Elementary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency	HS <b>5.2</b> e to nearest bu HS <b>0</b> ne-way only	us stop, if any	/ (one way)	is contract.  9-12 Total	by this control To or from B To or from S Kindergarte To or from B To or from S Deadlines PARENTS:  CLERKS: S files.	tract: tus Stop tichool ten child ride tus Stop tichool tichool  SE Due to Scho Send original TPERINTEN Tiles.  RE (For disti	times per day,times per day,times per day,s without other schotimes per day,times per day,times per day,tool Clerk June 1.  to County Supt by Jul  DENTS: Send original  IMBURSEMENT RATICLE, county and OPI  Irsement rate is determined to the service of the se	days per week da
Spec. Ed. Contin.							20-10-142, MCA.	
insured driver will 2. In March and June transported for the 3. The payment shal	ws: ansport or provide transport the stude to platfict shall per past semester.	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of sum officially a	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred to as the or bus stop on the days we on for the distance reported	when school is in ed on the contract the teacher or praction accompany	session. The parent or guard t actually occurs. incipal of the school of the nu ng this contract.	iian assures that a licensed and mber of days the student(s) was
Elementary School			ard of Truste		,			Date
High School Distric Missoula H S	t	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	nformation is true a	and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	-2501		e to School Clerk June 1		
Elementary District Responsible for Rel	imbursing the Contract		County		Legal Entity
High School or K-12 District Responsib	le for Reimbursing the	Contract	County		Legal Entity
Missoula H S			Missoula		0584
Is this contract shared between ele  ☐ yes ☐ no	ementary and high s	chool?			
Are you applying for isolation statu (If yes, please attach explanation)			Student Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MCA rates for special circumstances of isolar increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi	tion of residence. In or es must be reviewed a portation committee, a	rder to receive nd approved by the nd the Office of	Student Name	School	Grade
Check here only if increased payment or District Trustees and the County Trans	due to isolation has be	,	Student Name	School	Grade
Elem District Approval   yes	Initials no	-	Student Name	School	Grade
County Approval	no	_	THIS CONTRACT IS FO	<u>R:</u>	
Parent or Guardian Name: (Please	e Print)			□ 2nd Semester Only	□ Both Semesters
Jim & Linda Kyle Physical Address (street address of	only):		Pre-kindergarten/Kinderg  ☐ 1st Semester Only		v □ Both Semesters
Distance from home to nearest sci Elementary 0 HS 11.5  Distance from home to nearest bu Elementary 0 HS 5.5  Contract is for one-way only Students in Each Grade Level - Only include to  Pre-K Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	hool (one way) s stop, if any (one way) the students to be covered K 1-8 Total Tota	by this contract.  9-12 I Total	KINDERGARTEN/PREK Kindergarten child rides by this contract: To or from Bus Stop To or from Bus Stop To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Scho  CLERKS: Send original files.  COUNTY SUPERINTENI copy for your files.  REI  (For distri	imbergarten: s with other school-age times per day,	days per week days per week days per week ol-age students: days per week
insured driver will transport the studen 2. In March and June, the District shall properties transported for the past semester. 3. The payment shall be computed on the	ransportation for the stude its. Mileage contracts are ay the parent the sum office e basis of the schedule es	County, hereinaf  nt(s) to and from the school valid only when transportative ially approved in the applicate tablished in Section 20-10-1 en the student(s) is no longer	, and school district (district referred to as the District(s).  or bus stop on the days when school is in so on for the distance reported on the contract ation upon certification by the teacher or printer enrolled in school, whichever occurs first.	session. The parent or guardia actually occurs. ncipal of the school of the num	
High School District Missoula H S	Chair, Board of Tr	ustees			Date
IVIISSUUIA I I S	l I a	attest that the above i	information is true and correct.		I
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	)-2501				2005- 2006 I Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Cont	ract		County		Legal Entity
Missoula H S				10		Missoula		0584
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				
Are you applying fo (If yes, please attact ISOLATION: Section	ch explanation) 20-10-142, MCA	) A, provides for i	□ No	nbursement	Stude	nt Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation com	viewed and apmittee, and th	proved by the	Stude	ent Name	School	Grade
Check here only if incomplished Trustees and t	eased payment	due to isolation sportation Com	n has been ap mittee.	proved by the	Stude	ent Name	School	Grade
Elem District Approval		□ no	ials		Stude	ent Name	School	Grade
HS District Approval County Approval	,	□ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	y   Both Semesters
Randy & Carrie						indergarten/Kinder		
Physical Address (s	street address	only):			☐ 1s <sup>-</sup>	t Semester Only	□ 2nd Semester Only	y   Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for contract in the contract is for contract is for contract in the contract in the contract in the contract is for contract in the contract	HS <b>30</b> e to nearest bu HS <b>3.5</b>	·	• /		<b>by th</b> To or To or <b>Kinde</b> To or	is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade L	• •	the students to b	e covered by th	is contract.		dlines:		
	Pre-K	K	1-8	9-12	PARE	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLEF files.	RKS: Send origina	I to County Supt by July	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NTY SUPERINTENT for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					337)		EIMBURSEMENT RA	\TF
Correspondence							rict, county and OPI	
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n narent (nare	nt name)			and	echool district (dist	rict name)	
(county name)_	i parent (pare	nt name)				o as the District(s)		,
The parties agree as follo  1. The parent shall tr insured driver will  2. In March and June transported for the	ansport or provide transport the stude to the District shall property past semester.	nts. Mileage cont pay the parent the	the student(s) to tracts are valid of sum officially a	o and from the school only when transportation pproved in the applica	or bus stop on the on for the distance of the distance of the distance of the or the o	ne days when school is in the reported on the contra- tation by the teacher or p	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs first		Dete
Elementary School		,	rd of Truste					Date
High School Distric	t 	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	s true and correct.		
Signature - Parent or	Guardian		·				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reimbursing the Contract  Coun	nty	115.09
Missaula Flans		Legal Entity
Missoula Elem   Mis	ssoula	0583
High School or K-12 District Responsible for Reimbursing the Contract  Coun		Legal Entity
Is this contract shared between elementary and high school?  ☐ yes ☐ no		
Are you applying for isolation status? ☐ Yes ☐ No Student No	lame School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement		5.445
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)	lame School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	lame School	Grade
Elem District Approval		Grade
Credeo 1	NTRACT IS FOR: -12	
Parent or Guardian Name: (Please Print)	mester Only   2nd Semester Only	nly   Both Semesters
	rgarten/Kindergarten mester Only □ 2nd Semester O	nly   Both Semesters
Distance from home to nearest school (one way)  Elementary 2.2 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total Total  Regular Trans  Kindergal To or from To or fr	n Bus Stoptimes per day, n Schooltimes per day, n tren child rides without other sch n Bus Stoptimes per day, n Schooltimes per day, n Schooltimes per day, n Schooltimes per day, nes: S: Due to School Clerk June 1. : Send original to County Supt by Ju SUPERINTENDENTS: Send origin	days per week da
Agreement between parent (parent name)	the District(s).  ys when school is in session. The parent or gual orted on the contract actually occurs.  by the teacher or principal of the school of the remation accompanying this contract.	ardian assures that a licensed and
		Date
High School District Chair, Board of Trustees		
	e and correct.	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Hellgate Elem						Missoula		0586		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for	increased reir	mbursement	1					
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stud	dent Name	School		Grade	
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters	
Charlene Norma	an				Pre	.kindergarten/Kinder	rarten	•		
Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
						DERGARTEN/PRE				
Distance from home Elementary <b>10</b>	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_		
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				To c	or from School	times per day,	days	per week	
Students in Each Grade Le	• •	the students to b	be covered by the	is contract.		adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for you files.					
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, ref					
Spec. Ed. Trans					copy for your files.					
Room & Board					REIMBURSEMENT RATE (For district, county and OPI use only)					
Correspondence						(For dist	nict, county and OPI	use only)		
Reg.						Reimhi	ursement rate is detern	mined by		
Contingency Spec. Ed. Contin.						T Commission	20-10-142, MCA.	illiou by		
	<u> </u>									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name) The parties agree as follow	vs:			County, hereina	ifter referred	to as the District(s).				
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid o	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		•		incipal of the school of the nur	mper of days the stu	dent(s) was	
The payment shall be computed on the basis of the schedule established in Section 20-10-1     This contract shall terminate at the end of the school year or when the student(s) is no longe     Elementary School District Chair, Board of Trustees						the information accompany chool, whichever occurs firs	ing tins contract. t.	Data		
Hellgate Elem		·						Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501		Due to School	ol Clerk June 1		
Elementary District Responsible for R	eimbursing the Cor	ntract		County		Legal Entity
Hellgate Elem				Missoula		0586
High School or K-12 District Responsi	ble for Reimbursing	g the Contract		County		Legal Entity
Is this contract shared between e □ yes □ no	lementary and hi	gh school?	<u> </u>			
Are you applying for isolation star		□ No	Stud	ent Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		eased reimbursement		on rume	0011001	Ciudo
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ces must be review sportation committed	red and approved by the ee, and the Office of	Stud	ent Name	School	Grade
Public Instruction. (10.7.116 ARM pro	, and the second	•	Stud	ent Name	School	Grade
Check here only if increased payment District Trustees and the County Tran	sportation Committe	ee.				
Elem District Approval ☐ yes	Initials  □ no		Stud	ent Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no			CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)			es 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Heather Callantine			Pre-l	kindergarten/Kinder	garten	
Physical Address (street address	only):					/ □ Both Semesters
				DERGARTEN/PRE		
Distance from home to nearest selementary <b>7.6</b> HS <b>0</b>	chool (one way)		by th	nis contract:		ge students also covered  days per week
Distance from home to nearest b Elementary 0 HS 0	us stop, if any (or	ne way)	To o <b>Kind</b>	r from School lergarten child ride	times per day, _ es without other schoo	days per week  ol-age students: days per week days per week days per week
□ Contract is for one-way only			To o	r from School	times per day, _	days per week
Students in Each Grade Level - Only include	e the students to be co	vered by this contract.		idlines: ENTS: Due to Sch	aal Clark luna 1	
Pre-K		1-8 9-12				
Total	Total	Total Total	CLE files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans			COL	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans				for your files.	DENTO: Ocha origina	Tto Of Fby daily To, Totalif a
Room & Board					IMBURSEMENT RA	
Correspondence			1	(For dist	rict, county and OPI	use only)
Reg.			1	D a line line		the addition
Contingency Spec Ed Contin			+	Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						
Agreement between parent (pare	ent name)		, and	school district (distri	rict name)	,,
(county name) The parties agree as follows:		County, here	einafter referred	to as the District(s).		
The parent shall transport or provide insured driver will transport the stude.						an assures that a licensed and
<ol><li>In March and June, the District shall transported for the past semester.</li></ol>	pay the parent the sun	n officially approved in the a	pplication upon certifi	cation by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was
The payment shall be computed on the contract shall terminate at the expression of the contract shall terminate at the expression of the contract shall terminate at the expression of the contract shall be computed on the contract shall be contract shall be computed on the contract shall be contracted by the contracted by the contract shall be contracted by the contract	nd of the school year of	or when the student(s) is no				T = .
Elementary School District Hellgate Elem	Chair, Board	of Frustees				Date
High School District	Chair, Board	of Trustees				Date
		I attest that the abo	ove information	is true and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity		
Hellgate Elem						Missoula		0586		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	od botwoon ol	omontary ar	d high scho	J2						
ges no	ed between ei	ementary ar	ia riigii scriot	או:						
Are you applying for			□ No		Stuc	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	A provides for	increased rein	nbursement	1	Student Name School				
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stuc	lent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Ciuc	ioni ramo	2011001		Olddo	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	lent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the			2323.		0.000	
	Initials Elem District Approval □ yes □ no						School		Grade	
HS District Approval	□ yes □	no								
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	<ul><li>2nd Semester On</li></ul>	ly 🛛 Both Se	mesters	
Jynette E. Meye	er				Pre-kindergarten/Kindergarten					
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly 🛛 Both Se	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home	to nearest so	hool (one w	av)		Kind	dergarten child ride	s with other school-	age students a	lso covered	
Elementary 8	HS <b>0</b>	ilool (olic wa	<i>1</i> y)		To c	his contract: or from Bus Stop	times per day,	davs	s per week	
Distance from home	to nearest hi	is stop if an	v (one way)		To c	or from School	times per day,	days	s per week	
Elementary <b>0</b>	HS 0	is stop, ii aii	y (One way)		To c	dergarten child ride er from Bus Stop	s <u>without</u> other scho	ool-age student days	t <b>s:</b> s per week	
□ Contract is for o	ne-way only				To c	r from School	times per day,	days	s per week	
Students in Each Grade Le	, ,	the students to b	ne covered by thi	s contract.	Dea	adlines:				
				-	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original	to County Supt by Jul	lv 1. retain a cor	ov for vour	
Dogular Trans					files		, , ,	, ,	,	
Regular Trans					col	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a	
Spec. Ed. Trans					copy for your files.					
Room & Board						RE	IMBURSEMENT R	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg. Contingency						Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County, hereina	fter referred	to as the District(s).				
The parties agree as follow 1. The parent shall tra		ransportation for	the student(s) to	and from the school	ol or bus stop on	the days when school is in	session. The parent or guard	dian assures that a lie	censed and	
						nce reported on the contractification by the teacher or p	ct actually occurs. rincipal of the school of the nu	ımber of days the stu	dent(s) was	
	be computed on th					the information accompany				
	terminate at the en	d of the school		student(s) is no long		chool, whichever occurs firs		Date		
Hellgate Elem		,								
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattes	that the above	information	is true and correct.				
Signature - Parent or	Guardian		. 41103			and and domedi.	Date			
•										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, N	ит 59620-250	01		Du	e to Scho	ol Clerk June 1		
Elementary District Respon-	sible for Reimbu	ursing the C	Contract			County	<u> </u>	Legal Entity
Hellgate Elem						Missoula		0586
High School or K-12 District	t Responsible fo	or Reimburs	sing the Conti	ract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	etween eleme	entary and	high schoo	ol?				<u>'</u>
Are you applying for isol		□ Yes	□ No		Stud	dent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-10	planation) 0-142, MCA, pro	ovides for in	ncreased reim	nbursement	0.0.		3333.	5.445
rates for special circumstan increased rates, individual of trustees of the district, the concept Public Instruction. (10.7.116)	ces of isolation circumstances no county transport	of residence nust be revi- ation comm	e. In order to ewed and ap nittee, and the	receive proved by the	Stud	dent Name	School	Grade
Check here only if increased District Trustees and the Co	d payment due	to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval  HS District Approval		Initia				dent Name	School	Grade
County Approval	yes □ no					<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Nam	ne: (Please Pr	int)			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kris Kelly Physical Address (street	t address only	<b>/)</b> :				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester Only	<i>y</i> □ Both Semesters
Contract is for one-w Students in Each Grade Level -	HS 0 nearest bus st S 0 vay only Only include the st	tudents to be	(one way)  covered by this  1-8  Total	9-12 Total	Mine by to To co To To co To c	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  REME (For dist	times per day,times per day,	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)
insured driver will transp.  In March and June, the E transported for the past s.  The payment shall be co.  This contract shall termine Elementary School Distr	rt or provide transport the students. Noistrict shall pay the semester. In the base at the end of the base at the end of the semester.	portation for the value age contraction for the same parent the same sis of the school year.	he student(s) to acts are valid o sum officially ap	County, hereinaft and from the school only when transportation oproved in the applicated ed in Section 20-10-1. student(s) is no longe	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	to as the District(s). the days when school is in noe reported on the contract	ct actually occurs. rincipal of the school of the nun ring this contract.	an assures that a licensed and nber of days the student(s) was
Hellgate Elem High School District			d of Trustee					Date
r light ochool bistrict		nan, Doan	a or musice					Date
			I attest	that the above i	nformation	is true and correct.		
Signature - Parent or Gua	rdian				·		Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ue to Schoo	l Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity		
Hellgate Elem						Missoula		0586		
High School or K-12 D	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•		
Are you applying for			□ No		Stude	ent Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	]					
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade		
Elem District Approval	□ yes	In □ no	itials		Student Name School Grade					
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters		
Leanne Beers						indergarten/Kinder	·			
Physical Address (s	treet address	only):						/ □ Both Semesters		
					KIND	ERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 4	to nearest so	chool (one wa	ay)		by th	is contract:	<del></del>	ge students also covered  days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kind</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week		
☐ Contract is for or	ne-way only				I o or	from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.		dlines: ENTS: Due to Sch	aal Clark luna 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE			/ 1, retain a copy for your		
Regular Trans					files.					
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							,			
Agreement between	parent (parei	nt name)			, and	school district (dist	rict name)			
(county name)			(	County, hereinat	fter referred t	o as the District(s).				
	nsport or provide							ian assures that a licensed and		
<ol><li>In March and June,</li></ol>	the District shall p					ce reported on the contract cation by the teacher or p		nber of days the student(s) was		
transported for the 3. The payment shall 4. This contract shall	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the	e information accompany	ing this contract.			
Elementary School District Chair, Board of Trustees						,	<del>-</del>	Date		
Hellgate Elem High School District		Chair, Boa	ard of Truste	es				Date		
			Latton	t that the above	information	e true and correct				
Signature - Parent or	Guardian		ı attes	t triat trie above	milorifiation i	s true and correct.	Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ue to Schoo	l Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity		
Hellgate Elem						Missoula		0586		
High School or K-12 D	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•		
Are you applying for			□ No		Stude	ent Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	]					
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade		
Elem District Approval	□ yes	In □ no	itials		Student Name School Grade					
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters		
Leanne Beers						indergarten/Kinder	·			
Physical Address (s	treet address	only):						/ □ Both Semesters		
					KIND	ERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 4	to nearest so	chool (one wa	ay)		by th	is contract:	<del></del>	ge students also covered  days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kind</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week		
☐ Contract is for or	ne-way only				I o or	from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.		dlines: ENTS: Due to Sch	aal Clark luna 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE			/ 1, retain a copy for your		
Regular Trans					files.					
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							,			
Agreement between	parent (parei	nt name)			, and	school district (dist	rict name)			
(county name)			(	County, hereinat	fter referred t	o as the District(s).				
	nsport or provide							ian assures that a licensed and		
<ol><li>In March and June,</li></ol>	the District shall p					ce reported on the contract cation by the teacher or p		nber of days the student(s) was		
transported for the 3. The payment shall 4. This contract shall	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the	e information accompany	ing this contract.			
Elementary School District Chair, Board of Trustees						,	<del>-</del>	Date		
Hellgate Elem High School District		Chair, Boa	ard of Truste	es				Date		
			Latton	t that the above	information	e true and correct				
Signature - Parent or	Guardian		ı attes	t triat trie above	milorifiation i	s true and correct.	Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Hellgate Elem						Missoula		0586	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
	•		_			-			
				10					
ls this contract share □ yes □ no	ed between el	ementary an	id high schoo	ol?					
Are you applying for			□ No		Stud	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MC <i>P</i>	A, provides for	increased rein	nbursement	1				
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment ne County Trans	portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS	S CONTRACT IS FO	DR:		
Parent or Guardian					Grad	des 1-12			
	`	,			□ 1	st Semester Only	□ 2nd Semester Onl	ly □ Both Se	mesters
Lori Freeman Physical Address (s	troot addrage	only):				kindergarten/Kinder			
1 Hysical Address (s	lieet address	Offig).			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly 🛮 Both Se	mesters
						DERGARTEN/PRE			
Distance from home Elementary 7	to nearest so HS <b>0</b>	hool (one wa	ay)		<b>by t</b> l	his contract: or from Bus Stop	es <u>with</u> other school-a	davs	s per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kind</b> To o	dergarten child ride or from Bus Stop	times per day, _ es <u>without</u> other scho times per day, _	ool-age student days	s per week
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days	s per week
Students in Each Grade Le	, ,	the students to b	e covered by thi	s contract.	Dea	adlines:			
	Dra K	1/	4.0	0.40	PAR	RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		I to County Supt by Jul	ly 1, retain a cop	y for your
Regular Trans									
Spec. Ed. Trans						INTY SUPERINTEN  / for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.		$\exists$				Raimh	ursement rate is deterr	mined by	
Contingency						T CITIB	20-10-142, MCA.	Timica by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(		,		2			,		
(county name) The parties agree as follow				•		to as the District(s).			
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the distar	nce reported on the contract			
transported for the	past semester.	•	•		•	,	rincipal of the school of the nu	ımber of days the stu	dent(s) was
						the information accompany shool, whichever occurs first			
Elementary School			ard of Truste					Date	
Hellgate Elem High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Hellgate Elem						Missoula		0586	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
	•		_			-			
				10					
ls this contract share □ yes □ no	ed between el	ementary ar	id high schoo	ol?					
Are you applying for			□ No		Stud	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	, provides for	increased rein	nbursement	1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.					Stud	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment on ne County Trans	portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS	S CONTRACT IS FO	DR:		
Parent or Guardian						des 1-12 st Semester Only	2nd Someotor Onl	lv □ Both Se	mostoro
Curana Danas	1-					st Semester Only	□ 2nd Semester Onl	iy 🗆 Botti Sei	mesters
Suzanne Banca Physical Address (s		oulv).				kindergarten/Kinder		lv 🗆 Doth Co	maatara
, 6.64. / 144. 666 (6		· <i>y</i> /.				st Semester Only	□ 2nd Semester Onl	iy 🗆 Botti Sei	mesters
Distance from home Elementary 2.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 to nearest bu HS 0 ne-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Eine by to compare the compare to compare the compare	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days days pol-age student days days days days	s per week s per week s: s per week s per week
Correspondence						(* 2. 2.2.	,,	,, ,	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deterr 20-10-142, MCA.	mined by	
insured driver will to 2. In March and June, transported for the 3. The payment shall	vs: Insport or provide transport the studer the District shall p past semester. be computed on the	ransportation for the safe the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportal pproved in the applicated in Section 20-10-	offer referred of or bus stop on tion for the dista cation upon certi	nce reported on the contraction by the teacher or potential that information accompany	session. The parent or guard at actually occurs. incipal of the school of the nu		
Elementary School			ard of Truste		jor emoneu m st	thool, whichever occurs firs	ι.	Date	
Hellgate Elem High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	1 -44	that the electric	informatica	in two and same			
Cianatara David	Cuerdian		ı attes	i inai the above	iniormation	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59		Du	ue to School Clerk June 1		
Elementary District Responsible f	or Reimbursing the Co	ontract	County		Legal Entity
Hellgate Elem			Missoula		0586
High School or K-12 District Resp	onsible for Reimbursi	ng the Contract	County		Legal Entity
Is this contract shared betwee	en elementary and	high school?	<u>'</u>		
Are you applying for isolation		□ No	Student Name	School	Grade
(If yes, please attach explana ISOLATION: Section 20-10-142,	tion) MCA, provides for inc	creased reimbursement		CCHOOL	Grade
rates for special circumstances of increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARM	isolation of residence stances must be reviet transportation commi	e. In order to receive ewed and approved by the ttee, and the Office of	Student Name	School	Grade
Check here only if increased payr District Trustees and the County	nent due to isolation h	nas been approved by the	Student Name	School	Grade
Elem District Approval	no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO Grades 1-12	<u>R:</u>	
Parent or Guardian Name: (P	lease Print)			□ 2nd Semester Only	□ Both Semesters
Thomas & Valerie Dzor Physical Address (street addr			Pre-kindergarten/Kinderg □ 1st Semester Only		□ Both Semesters
Distance from home to neare: Elementary 2.5 HS  Distance from home to neare: Elementary 0 HS 0  Contract is for one-way or Students in Each Grade Level - Only in Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.	ost bus stop, if any (	one way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride: To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original files.  COUNTY SUPERINTEN copy for your files.  RE (For distr	times per day, times per day, times per day, s without other school times per day, times per day, times per day, times per day, tool Clerk June 1.	days per week da
insured driver will transport the lin March and June, the District transported for the past semests. The payment shall be computed. This contract shall terminate at Elementary School District Hellgate Elem	vide transportation for the students. Mileage contrast hall pay the parent the set. on the basis of the scheend of the school year. Chair, Board	County, hereinal e student(s) to and from the school cts are valid only when transportat um officially approved in the applic dule established in Section 20-10- r or when the student(s) is no longer I of Trustees	, and school district (district referred to as the District(s).  I or bus stop on the days when school is in in in for the distance reported on the contract ation upon certification by the teacher or pri 142, MCA, and the information accompanyier enrolled in school, whichever occurs first	session. The parent or guardi t actually occurs. incipal of the school of the num	an assures that a licensed and other of days the student(s) was
High School District	Chair, Board	I of Trustees			Date
	1	I attest that the above	information is true and correct.		•
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity	
Hellgate Elem						Missoula		0586	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batwaan al	omonton, on	d high soho	al2					
	eu between ei	ementary an	u nign schoo	JI !					
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	7	ient Name	301001		Grade
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	lent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		State	ient Name	301001		Grade
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Otac	ioni ramo	2011001		Grade
		Ini	tials		Stuc	lent Name	School		Grade
Elem District Approval HS District Approval	•	□ no □ no							Grade
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	ly 🛛 Both Se	mesters
Thomas & Valer	rie Dzomba				Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	ly 🛛 Both Se	mesters
					KINI	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered
Distance from home Elementary <b>7</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	days	s ner week
•			,		To c	or from School	times per day,	days	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age student	ts: s ner week
					To c	or from School	times per day,	days	s per week
□ Contract is for o	, ,				Do	adlines:			
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	is contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sand original	to County Supt by Jul	ly 1 rotain a co	ny for your
	Total	Total	Total	Total	files		to County Supt by Jul	iy i, ietalii a co	by for your
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	v 10 retain a
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	, 10, letaill a
Room & Board						RF	IMBURSEMENT R	ATF	
							rict, county and OPI		
Correspondence									
Reg.						 Reimbi	ursement rate is deterr	mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
5p00. Eu. 00mm.									
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)			(	County hereina	ofter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	censed and
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract			
transported for the	past semester.		•		•	the information accompany	·	ander or days the Stu	contra was
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs		15.	
Elementary School I Hellgate Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	ue to Schoo	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	1	Legal Entity
Lolo Elem						Missoula		0588
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  ☐ yes ☐ no	between el	ementary ar	nd high school	ol?				
Are you applying for is			□ No		Stud	ent Name	School	Grade
(If yes, please attach of ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	]		<b>3</b> 3 <b>3</b> 3.	3.445
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if increase	·	J	ŕ	proved by the	Stud	ent Name	School	Grade
District Trustees and the		portation Con		proved by the				
Elem District Approval		no			Stud	ent Name	School	Grade
		□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian Na	ame: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Eric Heppler					Pro_l	kindergarten/Kinder	rarten	
Physical Address (stre	eet address	only):						/ □ Both Semesters
					KINE	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to Elementary 3.3	nearest sc HS <b>0</b>	hool (one wa	ay)		bv th	is contract:	<del></del>	ge students also covered  days per week days per week
Distance from home to Elementary <b>0</b>	nearest bu HS <b>0</b>	s stop, if an	y (one way)		<b>Kind</b> To o	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
□ Contract is for one	-way only				100	Trom School	times per day, _	days per week
Students in Each Grade Leve	l - Only include	the students to I	e covered by thi	s contract.	Dea	dlines: ENTS: Due to Scho	ool Clork June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE			/ 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
						_		
Agreement between p	arent (narer	nt name)			and	school district (distr	ict name)	
	aront (paror	(i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i				•	Tot Hamo)	······································
(county name) The parties agree as follows:				•		to as the District(s).		
insured driver will tran	sport the studer	nts. Mileage cor	tracts are valid o	only when transportation	ion for the distan	ce reported on the contract	et actually occurs.	an assures that a licensed and
transported for the pa	st semester.	•	•		·		•	nber of days the student(s) was
<ol> <li>This contract shall term</li> </ol>	minate at the en	d of the school	ear or when the	student(s) is no longe	er enrolled in sch	ne information accompany nool, whichever occurs firs	ing triis contract. t.	Dete
Elementary School Dis	SUTCT	Chair, Boa	ard of Truste	es 				Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	that the above	information	s true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	ue to Schoo	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	1	Legal Entity
Lolo Elem						Missoula		0588
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  ☐ yes ☐ no	between el	ementary ar	nd high school	ol?				
Are you applying for is			□ No		Stud	ent Name	School	Grade
(If yes, please attach of ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	]		<b>3</b> 3 <b>3</b> 3.	3.445
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if increase	·	J	ŕ	proved by the	Stud	ent Name	School	Grade
District Trustees and the		portation Con		proved by the				
Elem District Approval		no			Stud	ent Name	School	Grade
		□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian Na	ame: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Eric Heppler					Pro_l	kindergarten/Kinder	rarten	
Physical Address (stre	eet address	only):						/ □ Both Semesters
					KINE	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to Elementary 3.3	nearest sc HS <b>0</b>	hool (one wa	ay)		bv th	is contract:	<del></del>	ge students also covered  days per week days per week
Distance from home to Elementary <b>0</b>	nearest bu HS <b>0</b>	s stop, if an	y (one way)		<b>Kind</b> To o	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
□ Contract is for one	-way only				100	Trom School	times per day, _	days per week
Students in Each Grade Leve	l - Only include	the students to I	e covered by thi	s contract.	Dea	dlines: ENTS: Due to Scho	ool Clork June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE			/ 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
						_		
Agreement between p	arent (narer	nt name)			and	school district (distr	ict name)	
	aront (paror	(i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i				•	Tot Hamo)	······································
(county name) The parties agree as follows:				•		to as the District(s).		
insured driver will tran	sport the studer	nts. Mileage cor	tracts are valid o	only when transportation	ion for the distan	ce reported on the contract	et actually occurs.	an assures that a licensed and
transported for the pa	st semester.	•	•		·		•	nber of days the student(s) was
<ol> <li>This contract shall term</li> </ol>	minate at the en	d of the school	ear or when the	student(s) is no longe	er enrolled in sch	ne information accompany nool, whichever occurs firs	ing triis contract. t.	Dete
Elementary School Dis	SUTCT	Chair, Boa	ard of Truste	es 				Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	that the above	information	s true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity
Lolo Elem						Missoula		0588
High School or K-12 Distr	rict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?				
Are you applying for is			□ No		Stuc	lent Name	School	Grade
(If yes, please attach e ISOLATION: Section 20	explanation) -10-142. MCA	A. provides for	increased rein	nbursement	Otac	ient Name	CCHOOL	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if increase District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes □		itials		Stud	lent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
John & Kathy Cla Physical Address (stre		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to Elementary <b>3.1</b>	nearest sci	hool (one wa	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home to Elementary <b>0</b>	nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students: days per week days per week days per week
□ Contract is for one	-way only				100	r from School	times per day, _	days per week
Students in Each Grade Leve	el - Only include t	the students to b	be covered by this	s contract.	Dea	adlines: ENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement between p	arent (parer	nt name)			, and	I school district (dist	rict name)	
(county name)			(	County hereinaff	ter referred	to as the District(s).		
The parties agree as follows:		ransportation for		-			session. The parent or quardi	ian assures that a licensed and
insured driver will tran	sport the studen	nts. Mileage cor	ntracts are valid o	nly when transportation	on for the dista	nce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the page 3. The payment shall be	st semester. computed on th	e basis of the so	chedule establish	ed in Section 20-10-1	42, MCA, and	the information accompany	ring this contract.	
	minate at the en	d of the school y		student(s) is no longe		hool, whichever occurs firs		Date
Lolo Elem		,						
High School District		Cnair, Boa	ard of Trustee	es				Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	IT 59620-2501		Due to School Clerk June	: 1	
Elementary District Respons	sible for Reimbursing the	e Contract	County		Legal Entity
Lolo Elem			Missoula		0588
High School or K-12 District	Responsible for Reimb	ursing the Contract	County		Legal Entity
Is this contract shared be ☐ yes ☐ no	etween elementary a	nd high school?	<u>'</u>		<u>'</u>
Are you applying for isola	ation status? □ Yes	□ No	Student Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10	olanation) -142, MCA, provides fo	r increased reimbursement		Ochool	Grade
rates for special circumstant	ces of isolation of reside ircumstances must be re ounty transportation con	nce. In order to receive eviewed and approved by the nmittee, and the Office of	Student Name	School	Grade
`	l payment due to isolation	on has been approved by the	Student Name	School	Grade
Elem District Approval  HS District Approval	yes □ no	nitials	Student Name	School	Grade
County Approval	yes 🗆 no		THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian Nam	e: (Please Print)		☐ 1st Semester O	only   2nd Semester O	nly   Both Semesters
Mary Thibodean Physical Address (street	address only):		Pre-kindergarten/k □ 1st Semester O	Kindergarten only □ 2nd Semester O	nly □ Both Semesters
Distance from home to n Elementary 3.2  Distance from home to n Elementary 0 HS  Contract is for one-w Students in Each Grade Level - G	earest school (one w HS 0 earest bus stop, if ar 8 0	ny (one way)	KINDERGARTEN, Kindergarten chil by this contract: To or from Bus Sto To or from Bus Sto To or from Bus Sto To or from School  Deadlines: PARENTS: Due to  CLERKS: Send of files.  COUNTY SUPERI copy for your files.  (Fo	/PREKINDERGARTEN: Id rides with other school  pptimes per day,	days per week da
insured driver will transport  In March and June, the D transported for the past s  The payment shall be cor  This contract shall termin  Elementary School Distrituolo Elem	t or provide transportation for the students. Mileage co istrict shall pay the parent the emester. Insputed on the basis of the sate at the end of the school ict Chair, Bo	County, herei or the student(s) to and from the sci ntracts are valid only when transpo ne sum officially approved in the ap schedule established in Section 20- year or when the student(s) is no le ard of Trustees	, and school district nafter referred to as the District nool or bus stop on the days when schot that on for the distance reported on the plication upon certification by the teach 10-142, MCA, and the information acconger enrolled in school, whichever oc	rict(s).  nool is in session. The parent or guate contract actually occurs.  ther or principal of the school of th	ardian assures that a licensed and number of days the student(s) was
High School District	Chair, Bo	ard of Trustees			Date
		I attest that the abo	ve information is true and co	rrect.	
Signature - Parent or Guar	dian			Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Lolo Elem						Missoula		0588
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement	Oldo	CHI Name	GCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	estances of isola lual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	ent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO les 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Scott & Teri Hea		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KINI	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home Elementary 5	to nearest so HS <b>0</b>	hool (one w	ay)		Kind by tl To o	lergarten child ride nis contract: r from Bus Stop_	es <u>with</u> other school-a times per day,	age students also covered days per week days per week days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kind	lergarten child ride	es without other scho	ol-age students: days per week days per week
☐ Contract is for or	ne-way only				100	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by this	s contract.	Dea	ndlines: ENTS: Due to Sch	nal Clark Juna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send origina		y 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						INTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	··-
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimh	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
-poo. 20. 00mm.								
Agreement between	parent (parei	nt name)			, and	school district (dist	rict name)	,
(county name)			(	County, hereinaf	ter referred	to as the District(s).		
	nsport or provide t					the days when school is in		lian assures that a licensed and
	the District shall p							mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on th					he information accompany hool, whichever occurs firs		
Elementary School I			ard of Trustee		5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	noon, which over observe me	•	Date
Lolo Elem High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		ו מונפטו	that the above i	miomialion	is true and correct.	Date	
Signature Farent Of	- uui uiuii							

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 5			Due to Scho	ool Clerk June 1		
Elementary District Responsible	for Reimbursing the	Contract		County		Legal Entity
Lolo Elem				Missoula		0588
High School or K-12 District Resp	consible for Reimbu	rsing the Contract		County		Legal Entity
Is this contract shared betwe  ☐ yes ☐ no	en elementary ar	nd high school?				•
Are you applying for isolation		□ No	Stu	dent Name	School	Grade
(If yes, please attach explana ISOLATION: Section 20-10-142	ation) , MCA, provides for	increased reimbursen	nent			
rates for special circumstances o increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARM	nstances must be re transportation com	viewed and approved mittee, and the Office	by the Stu	dent Name	School	Grade
Check here only if increased pay		•	Stu by the	dent Name	School	Grade
District Trustees and the County	Transportation Con			dont None	Cahaal	Crada
Elem District Approval ☐ yes HS District Approval ☐ yes	□ no	<del></del>	Stu	dent Name	School	Grade
County Approval  yes	□ no			IS CONTRACT IS FO ades 1-12	<u>)R:</u>	
Parent or Guardian Name: (F	Please Print)			1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Stephen Rutledge			Pre	-kindergarten/Kinder	garten	
Physical Address (street add	ress only):				☐ 2nd Semester Only	/ □ Both Semesters
				IDERGARTEN/PRE		ge students also covered
Distance from home to neare Elementary <b>5.1</b> HS		ay)	<b>by</b> To	this contract: or from Bus Stop	times per day, _	days per week days per week
Distance from home to neare Elementary 0 HS 0	est bus stop, if an	y (one way)	<b>Ki</b> n To	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
□ Contract is for one-way o	nly		То	or from School	times per day, _	days per week
Students in Each Grade Level - Only in	nclude the students to I	pe covered by this contract		adlines:		
Pre-h	к к	1-8 9-		RENTS: Due to Sch	ool Clerk June 1.	
Total	l Total	Total To	tal CL		I to County Supt by July	/ 1, retain a copy for your
Regular Trans					NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans				y for your files.	IDENTS. Send Ongina	TIO OF FBY July 10, Telalit a
Room & Board					EIMBURSEMENT RA	
Correspondence				(For dist	trict, county and OPI	use only)
Reg.					ursement rate is determ	ningd by
Contingency				Reimb	20-10-142, MCA.	illied by
Spec. Ed. Contin.						
Agreement between parent (	parent name)	· · · · · · · · · · · · · · · · · · ·	, an	d school district (dist	rict name)	,
(county name)		County	, hereinafter referre	d to as the District(s)		
The parties agree as follows:  1. The parent shall transport or pr	ovide transportation for	r the student(s) to and from	m the school or bus stop o	n the days when school is ir	session. The parent or guardi	ian assures that a licensed and
insured driver will transport the 2. In March and June, the District						mber of days the student(s) was
transported for the past semes 3. The payment shall be compute	ter. d on the basis of the so	chedule established in Sec	ction 20-10-142, MCA, and	I the information accompany	ying this contract.	. ,
4. This contract shall terminate at Elementary School District	the end of the school	year or when the student(s	s) is no longer enrolled in s	chool, whichever occurs first	<u>st.</u>	Date
Lolo Elem	,					Dale
High School District	Chair, Boa	ard of Trustees				Date
		I attest that the	ne above information	n is true and correct.		•
Signature - Parent or Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620-	-2501	D		ol Clerk June 1		
Elementary District Responsible for Rei	mbursing the Contr	act		County	<u> </u>	Legal Entity
Potomac Elem				Missoula		0589
High School or K-12 District Responsible	le for Reimbursing t	he Contract		County		Legal Entity
Is this contract shared between ele  ☐ yes ☐ no	ementary and hig	h school?				
Are you applying for isolation statu (If yes, please attach explanation)	s? 🗆 Yes 🗆	No	Stud	ent Name	School	Grade
ISOLATION: Section 20-10-142, MCA,						
rates for special circumstances of isolat increased rates, individual circumstance trustees of the district, the county transp Public Instruction. (10.7.116 ARM provi	es must be reviewe portation committee	d and approved by the , and the Office of	Stud	ent Name	School	Grade
Check here only if increased payment d	, and the second	,	Stud	ent Name	School	Grade
District Trustees and the County Transp			-			
	no	<u> </u>		ent Name	School	Grade
County Approval	no			S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian Name: (Please	e Print)			st Semester Only	□ 2nd Semester Onl	y    Both Semesters
Christy Cheff Physical Address (street address of	only):			kindergarten/Kinderg	garten	y □ Both Semesters
,	, ,,			•		y   Doin Semesters
Distance from home to nearest sch Elementary 23.5 HS 0	nool (one way)		Kind by the To o	his contract: r from Bus Stop	s <u>with</u> other school-a	age students also covered days per week
Distance from home to nearest bus Elementary <b>0</b> HS <b>0</b>	s stop, if any (one	e way)	To o <b>Kino</b> To o	r from School lergarten child ride r from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week
☐ Contract is for one-way only			100	I IIOIII SCIIOOI	times per day, _	days per week
Students in Each Grade Level - Only include the	he students to be cove	red by this contract.	<u>Dea</u>	adlines: ENTS: Due to Scho	ool Clerk June 1.	
Pre-K Total		-8 9-12 otal Total		RKS: Send original		y 1, retain a copy for your
Regular Trans					DENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans				for your files.	DENTO. Gena ongina	anto Of 1 by July 10, retain a
Room & Board					IMBURSEMENT RA	
Correspondence				(For disti	rict, county and OPI	use only)
Reg.				Reimbi	ursement rate is detern	 nined by
Contingency Spec. Ed. Contin.					20-10-142, MCA.	
Agreement between parent (paren	t name)		, and	school district (distr	ict name)	<del>,</del>
(county name)		County, hereina	after referred	to as the District(s).		
The parties agree as follows:  1. The parent shall transport or provide						lian assures that a licensed and
insured driver will transport the student 2. In March and June, the District shall pa						mber of days the student(s) was
transported for the past semester.  The payment shall be computed on the This contract shall terminate at the end						
Elementary School District Potomac Elem	Chair, Board of		go. 0000 00	noon, minoriovor occure inc	•	Date
High School District	Chair, Board of	Trustees				Date
		I attest that the above	e information	is true and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Second Process   Seco	Helena, MT	59620-2501		Due to Scho	ol Clerk June 1		
Is this contract shared between elementary and high school?  yes	Elementary District Responsib	le for Reimbursing the	Contract		County		Legal Entity
Is this contract shared between elementary and high school?  yes	Potomac Flem				Missoula		0589
Agreement between parent (parent name)    grade   Agreement between parent (parent name)   Country name)   Country hereinsfler referred to as the District, country and OPI use only)		esponsible for Reimbur	rsing the Contract				
Agreement between parent (parent name)    grade   Agreement between parent (parent name)   Country name)   Country hereinsfler referred to as the District, country and OPI use only)							
Student Name School Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Semester Only 2 2nd Semester Only Both Semesters  Student Name School Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Semester Only 2 2nd Semester Only Both Semesters  KINDERGATE IN PREKINDERGATE IN KINDERGATE IN KIND		ween elementary an	d high school?				
Student Name			□ No	Stu	dent Name	School	Grade
Student Name   School   Grade	(If yes, please attach explain ISOLATION: Section 20-10-1	nation) 42. MCA. provides for	increased reimbursemen		acht Name	GCHOOL	Clade
Check here only if increased payment due to isolation has been approved by the District finatees and the County transportation Committee.  Elem District Approval   yes   no   no      Elem District Approval   yes   no   no      Farent or Guardian Name: (Please Print)      Emily M. Delight   Physical Address (street address only):  Distance from home to nearest school (one way)  Elementary 6   HS 0      Distance from home to nearest bus stop, if any (one way)  Elementary 9   HS 0      Distance from home to nearest bus stop, if any (one way)  Elementary 9   HS 0      Distance from home to nearest bus stop, if any (one way)  Elementary 9   HS 0      Distance from home to nearest bus stop, if any (one way)  Elementary 9   HS 0      Distance from home to nearest bus stop, if any (one way)  Elementary 9   HS 0      Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Fire K   K	rates for special circumstances increased rates, individual circ trustees of the district, the cou	s of isolation of residen umstances must be re- nty transportation comi	ce. In order to receive viewed and approved by mittee, and the Office of	- Ot	dent Name	School	Grade
Student Name	Check here only if increased p	ayment due to isolation	n has been approved by t	Stu	dent Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval □ ye	Init					Grade
Standard Number (Prease Print)	County Approval	s 🗆 no				<u>)R:</u>	
Physical Address (street address only):    1st Semester Only   2nd Semester Only   Both Semesters	Parent or Guardian Name:	(Please Print)				□ 2nd Semester Only	/ □ Both Semesters
Distance from home to nearest school (one way) Elementary 5	Emily M. Delight Physical Address (street a	ddress only):					<i>y</i> □ Both Semesters
County name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Distance from home to near Elementary 5 HS  Distance from home to near Elementary 0 HS 0  Contract is for one-way Students in Each Grade Level - One Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency	arest school (one was 6 0 arest bus stop, if any ) only by include the students to be-K K	e covered by this contract.  1-8 Total  Total	KIN Kin by t To t Kin To t To t  CLI files	DERGARTEN/PREI dergarten child ride this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send origina s.  UNTY SUPERINTEN y for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,times per d	days per week
I attest that the above information is true and correct.	(county name) The parties agree as follows:  1. The parent shall transport or insured driver will transport or insured driver will transport or transported for the past sem 3. The payment shall be comp 4. This contract shall terminate Elementary School District	r provide transportation for the students. Mileage confict shall pay the parent the lester. uted on the basis of the sc e at the end of the school y	County, he the student(s) to and from the tracts are valid only when tracts are valid only when tracts are officially approved in the thedule established in Section ear or when the student(s) is	ereinafter referred e school or bus stop or nsportation for the dista e application upon cert n 20-10-142, MCA, and	I to as the District(s).  the days when school is in the days when school is in the contralification by the teacher or put the information accompany	n session. The parent or guardict actually occurs. rincipal of the school of the num	an assures that a licensed and nber of days the student(s) was
		Chair, Boa	rd of Trustees				Date
			I attest that the a	above information	is true and correct.		
	Signature - Parent or Guardi	an				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	)-2501	Due t	o School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Potomac Elem			Missoula		0589
High School or K-12 District Responsil	ble for Reimbursing the Conf	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	lementary and high school	ol?			
Are you applying for isolation stat			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	) A, provides for increased reir	mbursement	Cladoni Namo	3611361	Siddo
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and approportation committee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade
	Initials		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Heather Olean			Pre-kindergarten/Kinder	•	
Physical Address (street address	only):		☐ 1st Semester Only		□ Both Semesters
			KINDERGARTEN/PREI	KINDERGARTEN:	
Distance from home to nearest so Elementary 3.7 HS 0	chool (one way)		Kindergarten child ride by this contract: To or from Bus Stop	es <u>with</u> other school-ages times per day,	ge students also covered days per week
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (one way)		Kindergarten child ride	es without other school	days per week  bl-age students: days per week days per week days per week
☐ Contract is for one-way only			10 01 110111 5011001	unles per day,	days per week
Students in Each Grade Level - Only include	the students to be covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1	
Pre-K Total	K 1-8 Total Total	9-12 Total			1, retain a copy for your
Regular Trans				IDENTO 0 1 1 1 1	
Spec. Ed. Trans			copy for your files.	IDENTS: Send original	to OPI by July 10, retain a
Room & Board			RE	EIMBURSEMENT RA	TE.
Correspondence			(For dist	rict, county and OPI	use only)
Reg.					
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	ined by
Spec. Ed. Contin.				20-10-142, IVICA.	
	•				
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	
(county name)					· · · · · · · · · · · · · · · · · · ·
The parties agree as follows:  1. The parent shall transport or provide		-	referred to as the District(s).		on annurse that a licensed and
insured driver will transport the stude 2. In March and June, the District shall p	nts. Mileage contracts are valid of	only when transportation for	or the distance reported on the contra	ct actually occurs.	
transported for the past semester.  The payment shall be computed on the				·	.s.s. s. days the stadelings was
This contract shall terminate at the er Elementary School District		student(s) is no longer en			Date
Potomac Élem	,				
High School District	Chair, Board of Truste	es			Date
	l attes	t that the above info	ormation is true and correct.		•
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Potomac Elem						Missoula		0589	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Sei	mesters
Jenny Westcott					Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					2nd Semester Only	y 🗆 Both Sei	nesters
						DERGARTEN/PRE			
Distance from home Elementary <b>6.7</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	per week
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
Decules Trees	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	l to OPI by July	10, retain a
Room & Board					000		IMBURSEMENT RA	ATE	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbi	ursement rate is determ	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	· L								
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)				County hereina	ofter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	ian assures that a lic	ensed and
<ol><li>In March and June,</li></ol>	, the District shall p					nce reported on the contractification by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stud	dent(s) was
<ol><li>The payment shall</li></ol>	transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-1.				-142, MCA, and	the information accompany	ing this contract.		
Elementary School	This contract shall terminate at the end of the school year or when the student(s) is no lost Elementary School District     Chair, Board of Trustees				go. Cimoneu III SC	willow VCI Occurs IIIS	u	Date	
Potomac Elem High School District		Chair, Boa	ir, Board of Trustees					Date	
					i=f=	in time and a			
Signature - Parent or	Guardian		I attes	t triat the above	intormation	is true and correct.	Date		
orginature - Larent Of	- aururan						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract	contract County				Legal Entity		
Potomac Elem						Missoula		0589		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  □ yes □ no	ed between el	ementary ar	d high school	ol?				<u>I</u>		
Are you applying for	r isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade	
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	] ]	ient Name	301001		Grade	
rates for special circum increased rates, individ trustees of the district,	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stuc	lent Name	School		Grade	
Public Instruction. (10.  Check here only if incomplished Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stuc	lent Name	School		Grade	
		In	tials		Stuc	lent Name	School		Grade	
Elem District Approval HS District Approval	□ yes □	□ no □ no							Orado	
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>			
Parent of Guardian	ivallie. (Fleas	e Fillit)			□ 1	st Semester Only	□ 2nd Semester Onl	ly   Both Ser	nesters	
Jessica Miller Physical Address (s	treet address	only):				Pre-kindergarten/Kindergarten  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KINI	DERGARTEN/PRE	(INDEDGADTEN:			
Distance from home Elementary 7	HS <b>0</b>	`			Kind by t To d To d	dergarten child ride his contract: or from Bus Stop or from School	es <u>with</u> other school-a times per day, _ times per day, _	days	per week per week	
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if an	y (one way)		<b>Kind</b> To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _ times per day, _	ool-age student days	per week	
□ Contract is for o	ne-way only						unics per day, _	days	per week	
Students in Each Grade Le	evel - Only include	the students to t	e covered by thi	s contract.	Dea PAR	adlines: RENTS: Due to Sch	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	I to County Supt by Jul	ly 1, retain a cop	y for your	
Regular Trans										
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg. Contingency						Reimb	ursement rate is deterr	mined by		
Spec. Ed. Contin.							20-10-142, MCA.	·		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
The parent shall tra	ansport or provide t					the days when school is in	session. The parent or guard	dian assures that a lic	ensed and	
	, the District shall p						rincipal of the school of the nu	ımber of days the stud	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany				
4. This contract shall terminate at the end of the school year or when the student(s) is no long Elementary School District Chair, Board of Trustees				, oo.iou iii sc	3., 000013 1113	<u>-</u>	Date			
Potomac Elem High School District								Date		
I attest that the above					information	is true and correct				
Signature - Parent or	Guardian		1 41165	נ נוום מטטעפ	momation	is true and contect.	Date			
Signature - Laterit Of	Jaar Graff						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Re	eimbursing the Contract		County	<u> </u>	Legal Entity
Potomac Elem			Missoula		0589
High School or K-12 District Responsil	ole for Reimbursing the Cont	ract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high school	nl?	<u> </u>		L
Are you applying for isolation stat (If yes, please attach explanation)			Student Name	School	Grade
ISOLATION: Section 20-10-142, MCA	A, provides for increased rein				
rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and apsportation committee, and the	proved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade
HS District Approval ☐ yes	Initials □ no □ no		Student Name	School	Grade
	no		THIS CONTRACT IS FOR Grades 1-12	<u>c:</u>	
Parent or Guardian Name: (Pleas	e Piiii)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters
Kerry Smith Physical Address (street address	only):		Pre-kindergarten/Kinderga  ☐ 1st Semester Only	arten □ 2nd Semester Only	□ Both Semesters
Distance from home to nearest so Elementary 5 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by this  K 1-8  Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from Bus Stop  To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original tiles.  COUNTY SUPERINTENE copy for your files.  REII  (For district	times per day,	days per week  Il-age students:  days per week  days per week  1, retain a copy for your  to OPI by July 10, retain a  TE  use only)
Agreement between parent (parel  (county name)  The parties agree as follows:  1. The parent shall transport or provide insured driver will transport the stude  2. In March and June, the District shall pransported for the past semester.  3. The payment shall be computed on the stude of the semester of the semester.  4. This contract shall terminate at the end that the semester of the semester of the semester.  Elementary School District Potomac Elem	transportation for the student(s) to nts. Mileage contracts are valid of pay the parent the sum officially ap the basis of the schedule establish and of the school year or when the Chair, Board of Trustee	County, hereinafter re and from the school or bus only when transportation for the proved in the application up ed in Section 20-10-142, MC student(s) is no longer enrolles	he distance reported on the contract on certification by the teacher or prince.  A, and the information accompanyin	ession. The parent or guardia actually occurs. cipal of the school of the num	
High School District	Chair, Board of Trustee	es			Date
	I attest	that the above inforn	nation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Di	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Woodman Elem	1					Missoula		0591	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.	·	J	ŕ		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials 		Stud	ent Name	School		Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Se	mesters
Andrew Hart					Pre-	kindergarten/Kinderg	parten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary <b>0</b>	to nearest so	hool (one wa	ay)		bv tl	nis contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 30	to nearest bu	ıs stop, if an	y (one way)		Kind	lergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:
·					To o	r from School	times per day, _ times per day, _	days days	s per week s per week
☐ Contract is for or Students in Each Grade Le	• •	the students to b	oe covered by thi	s contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12		ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						Peimbi	ursement rate is detern	mined by	
Contingency Spec. Ed. Contin.						Kembe	20-10-142, MCA.	Timica by	
5,000. Ed. 00mm.									
Agreement between	ı parent (parer	nt name)			, and	school district (distr	ict name)		,
(county name) The parties agree as follow	vs:			County, hereina	fter referred	to as the District(s).			
The parent shall tra insured driver will to	ansport or provide t ransport the studer	nts. Mileage cor	tracts are valid o	nly when transportat	tion for the distar	nce reported on the contract			
transported for the	insured driver will transport the students. Mileage contracts are valid only when transport in March and June, the District shall pay the parent the sum officially approved in the appropriate transported for the past semester.						•	imber of days the stu	dent(s) was
The payment shall be computed on the basis of the schedule established in Section 20-10     This contract shall terminate at the end of the school year or when the student(s) is no lor     Chair Report of Trustoes.				student(s) is no long	ger enrolled in sc	hool, whichever occurs firs	ing tins contract. t.	Date	
Woodman Elem								Date	
High School District		Chair, Board of Trustees						Date	
		<u> </u>	I attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	l l	Legal Entity
Woodman Elem						Missoula		0591
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	0.00		00.1.00.	0.000
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and the	ased payment o	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grade
	□ yes □	no				<u>S CONTRACT IS FO</u> les 1-12	<u>DR:</u>	
Parent or Guardian N	name: (Please	e Print)			□ 1:	st Semester Only	□ 2nd Semester Only	y   Both Semesters
	David & Shelly Hunter Physical Address (street address only):					kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home to nearest school (one way) Elementary 0					Kinc by tl To o To o Kinc To o To o  Dea PAR CLE files. COU copy	nis contract: r from Bus Stop r from School lergarten child ride r from School r from School dergarten child ride r from School r from School dergarten child ride r from Bus Stop r from School dergarten child ride r from Bus Stop r from School dergarten child ride r from Bus Stop r from School dergarten Bus Stop r from School RKS: Send original RKS: Send original RTY SUPERINTEN for your files.  RE (For dist	times per day,times per day	days per week da
insured driver will tra  In March and June, transported for the p  The payment shall be This contract shall te  Elementary School D	s: isport or provide to insport the studer the District shall past semester. e computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th e basis of the s d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distar ation upon certif	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was
Woodman Elem High School District								Date
						Sa America de Caración de Cara		
Signature - Parent or 0	Suardian		I attest	tnat the above i	information	is true and correct.	Date	
Signature - Parent Of C	oudi Widii						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due to	School Clerk June 1		
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity
DeSmet Elem			Missoula		0592
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high school	ol?			
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased reir	mbursement	Olddent Warne	CC11001	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order to see must be reviewed and apportation committee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade
Elem District Approval □ yes	Initials □ no □ no □ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FOR	<u>R:</u>	
Parent or Guardian Name: (Pleas	e Print)			□ 2nd Semester Only	□ Both Semesters
Amy & Butch Nulliner Physical Address (street address	only):		Pre-kindergarten/Kinderg  1st Semester Only		□ Both Semesters
Distance from home to nearest so Elementary 1.5 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	KINDERGARTEN/PREK Kindergarten child rides by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Scho CLERKS: Send original files.  COUNTY SUPERINTENI copy for your files.  REI (For distri	imbergarten: s with other school-age times per day,	days per week days per week ol-age students: days per week
Agreement between parent (parei  (county name)  The parties agree as follows:  1. The parent shall transport or provide insured driver will transport the stude  2. In March and June, the District shall paransported for the past semester.  3. The payment shall be computed on the trip of the past semester.  This contract shall terminate at the erellementary School District  DeSmet Elem	ransportation for the student(s) to the student (s) to the student (s) to the student (s) the student (s) the parent the sum officially a the basis of the schedule establish	County, hereinafter repaired by and from the school or built when transportation for pproved in the application under the section 20-10-142, Matudent(s) is no longer enror	the distance reported on the contract upon certification by the teacher or print ICA, and the information accompanying	session. The parent or guardia actually occurs. ncipal of the school of the num	an assures that a licensed and
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above infor	mation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	<u> </u>	Legal Entity
DeSmet Elem						Missoula		0592
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia  no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Clint & Cam'e D Physical Address (s		only):				-kindergarten/Kinder		
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	ly   Both Semesters
Distance from home Elementary 8  Distance from home Elementary 0  Contract is for o Students in Each Grade Letter   Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1.	days per week days per week days per week
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
DeSmet Elem High School District		Chair, Board	d of Truste	es				Date
						io two and a mark		
Signature - Parent or	Guardian		ı attest	tnat the above i	intormation	is true and correct.	Date	
orginature - Fareitt Of	Guaruian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	-2501		Du	Due to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
DeSmet Elem						Missoula		0592	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2			increased reir	mbursement	Otac	ient rame	0011001	Ciudo	
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Stud	lent Name	School	Grade	
Public Instruction. (10.)  Check here only if incre	•	J	ŕ	proved by the	Stud	lent Name	School	Grade	
District Trustees and th	ne County Trans		mittee. tials		Ctuc	lant Nama	Cohool	Crada	
Elem District Approval HS District Approval		□ no				lent Name	School	Grade	
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Corina Bates		l\.				kindergarten/Kinder			
Physical Address (s	ireet address	Orliy).			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Distance from home	to nearest so	hool (one wa	ay)		Kind	DERGARTEN/PREM dergarten child ride his contract:	KINDERGARTEN: es <u>with</u> other school-a	ge students also covered	
Elementary 11	HS <b>0</b>				To c	or from Bus Stop	times per day, _	days per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if any	y (one way)		Kind To d	dergarten child ride	es <u>without</u> other school times per day,	days per week  ol-age students: days per week days per week days per week	
☐ Contract is for or	ne-way only				100	or from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		adlines: RENTS: Due to Sch	nol Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		/ 1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN  / for your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimbi	ursement rate is determ	 nined by	
Spec. Ed. Contin.							20-10-142, MCA.	,	
Agreement between	narant (nara	ot nama)			one	l achael diatrict (diatr	rict name)		
Agreement between	грагені (рагеі	it flame)					ict name)	······································	
(county name) The parties agree as follow				-		to as the District(s).			
insured driver will to	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the dista	nce reported on the contract	ct actually occurs.	ian assures that a licensed and	
transported for the	past semester.					fication by the teacher or parties the information accompany		nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school y	ear or when the	student(s) is no longe		the information accompany shool, whichever occurs firs		Data	
Elementary School DeSmet Elem		Chair, Boa	ard of Truste	<del>८</del> ऽ				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		1	I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	_
DeSmet Elem						Missoula		0592	
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  ☐ yes ☐ no	between ele	ementary an	nd high schoo	ol?					
Are you applying for is		ıs? □ Yes	□ No		Stuc	dent Name	School	Grade	
(If yes, please attach e ISOLATION: Section 20	explanation) -10-142. MCA	. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade	
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolated in circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade	
Check here only if increase District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	□ yes □		itials		Stud	dent Name	School	Grade	
County Approval	g yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Marsha Heydt Physical Address (stre	eet address o	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
Marsha Heydt Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 1.5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					KIN Kink by t To c Kink To c To c C PAF	DERGARTEN/PREVIDENCE CONTROL  DERGAR	times per day,times per day,	days per week days per week days per week ol-age students: days per week	
insured driver will tran 2. In March and June, th transported for the pa 3. The payment shall be	port or provide tr sport the studen e District shall pr st semester. computed on the minate at the en	ransportation for its. Mileage con ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ring this contract.	ian assures that a licensed and inber of days the student(s) was	
High School District								Date	
	<u>I</u>	I attest	that the above i	information	is true and correct.		l	_	
Signature - Parent or G	uardian						Date		_

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Signature - Parent or	Guardian		i alles	talat alle above l	omadon is tide	and ounce.	Date	
			Lattoo	t that the above i	information is true	and correct		
DeSmet Elem High School District		,	ard of Truste					Date
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the j 3. The payment shall I	s: nsport or provide ansport the stude the District shall past semester. be computed on the erminate at the er	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to tracts are valid e sum officially a chedule establish	County, hereinaf o and from the school only when transportation approved in the application and in Section 20-10-10 estudent(s) is no longe	ter referred to as the or bus stop on the days on for the distance report	ne District(s). when school is inted on the contract the teacher or position accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Contingency Spec. Ed. Contin.							20-10-142, MCA.	,
Reg.						Reimh	ursement rate is detern	nined by
Correspondence							rict, county and OPI	
Room & Board					copy for you		EIMBURSEMENT RA	ATE
Regular Trans  Spec. Ed. Trans					COUNTY S		IDENTS: Send origina	l to OPI by July 10, retain a
Pegular Trans	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by Jul	y 1, retain a copy for your
Students in Each Grade Le	Pre-K	K	1-8	9-12			ool Clerk June 1.	
☐ Contract is for or	, ,	the students to	an covered by the	is contract	Deadline		unles per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		To or from S Kindergart	School <b>en child rid</b> e	times per day, _ es <u>without</u> other scho	days per week ol-age students: days per week days per week days per week
Distance from home Elementary 1.5	to nearest so	thool (one wa	ay)		Kindergart by this cor To or from	en child ride itract: Bus Stop_	times per day,	age students also covered days per week
Physical Address (st	reet address	oniy):				,	•	y   Both Semesters
Mary Peters	Mary Peters Physical Address (street address only):					arten/Kinder		
						2 ester Only	□ 2nd Semester Only	y   Both Semesters
HS District Approval County Approval	□ yes	no			THIS CONT	TRACT IS FO	DR:	
District Trustees and the Elem District Approval	, and the second		imittee. itials		Student Na	me	School	Grade
Check here only if incre	ased payment	due to isolatio	n has been ap	oproved by the	Student Na	me	School	Grade
increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Student Na	me	School	Grade
(If yes, please attach ISOLATION: Section 2 rates for special circum	20-10-142, MCA	A, provides for						Grade
<ul><li>□ yes</li><li>□ no</li><li>Are you applying for</li></ul>			□ No		Student Na	me	School	Grade
Is this contract share	ed between el	ementary ar	nd high scho	ol?	<u> </u>			I.
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	County	/		Legal Entity
DeSmet Elem	. List December 1	the Constitution		l l	Miss			0592
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	/	1	Legal Entity
	ox 202501 ıa, MT 59620	-2501		Du	e to School Cler	k June 1		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Target Range E	em					Missoula		0593	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Contr	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u>'</u>				
Are you applying for			□ No		Stude	ent Name	School	Grad	 de
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reim	nbursement			33.133.	5.4.	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stude	ent Name	School	Grad	<u>ə</u> t
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grad	<del>_</del> e
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grad	ət
	□ yes	no				CONTRACT IS FO es 1-12	<u>)R:</u>		
Parent or Guardian	vame: (Pleas	e Print)			☐ 1s	st Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Arrette Pierce Physical Address (st	reet address	only):				kindergarten/Kinderg st Semester Only		y	
Distance from home to nearest school (one way) Elementary 7.4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					Kind by th To or To or Kind To or To or  Dea PAR CLEI files.	ris contract:  from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Scho RKS: Send original  NTY SUPERINTEN for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day, tool Clerk June 1.	days per weed da	ek ek ek ek
insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall the	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on ton for the distantation upon certification, and the distantation of th	ce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was	
Target Range Elem High School District								Date	
	,					o truo and as			_
Signature - Parent or	Guardian		ı attest	triat the above i	information	s true and correct.	Date		
orginature - Parent Of	-uai uiaii						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		D	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity		
Target Range E	lem					Missoula		0593		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	od botwoon ol	omontary an	d high scho	al2						
ges no	ed between ei	ementary an	u riigir scriot	JI:						
Are you applying for			□ No		Stuc	ent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	A provides for	increased rein	mbursement	1	ich rame	Concor		Grade	
rates for special circum increased rates, individ	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	lent Name	School		Grade	
trustees of the district,	the county trans	sportation com	mittee, and the			one ramo	3011001		Orado	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Student Name School Gra					
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the						
		Ini	tials		Student Name School Grade					
Elem District Approval HS District Approval		□ no □ no					_			
County Approval		no				S CONTRACT IS FO des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	<ul> <li>2nd Semester On</li> </ul>	ly 🗆 Both Se	mesters	
Chris & Darla Jo					Pre-kindergarten/Kindergarten					
Physical Address (s	treet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home	to nearest so	hool (one wa	av)				es with other school-	age students a	lso covered	
Elementary 6	HS <b>0</b>	noor (one we	<b>4y</b> /		Too	his contract: r from Bus Stop	times per day, _	day	s per week	
Distance from home	to nearest hu	is ston if an	/ (one way)		To o	r from School	times per day,	day	s per week	
Elementary 0	HS <b>0</b>	io otop, ii uii	(one way)		To o	r from Bus Stop	es <u>without</u> other scho	day	ts: s per week	
☐ Contract is for o	ne-way only				To o	r from School	times per day,	day	s per week	
Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLE	RKS: Send original	to County Supt by Jul	ly 1, retain a co	py for your	
Regular Trans					files					
•					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	y 10, retain a	
Spec. Ed. Trans					copy	for your files.				
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
A		-4 \				1 - 1: - 4 - : - 4 / - 1: - 4	d-4 )			
Agreement between	i parent (parer	nt name)			, and	I school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
The parent shall tra	ansport or provide t						session. The parent or guard	dian assures that a li	censed and	
	, the District shall p					nce reported on the contraction by the teacher or p	rincipal of the school of the nu	ımber of days the stu	ident(s) was	
<ol> <li>The payment shall</li> </ol>	be computed on th					the information accompany				
Elementary School District Chair, Board of Trustees						noor, whichever occurs firs	ı.	Date		
Target Range Elem High School District Chair, Board of Trustees								Date		
Official, Double of Trustees							Date			
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Target Range El	em					Missoula		0593	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reim	nbursement	0.00		00.100.	0.000	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian I	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters	
Manuel Lopes Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 8.5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.  RECTS:	times per day, tool Clerk June 1.	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tr 2. In March and June, transported for the p 3. The payment shall the	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
High School District Chair, Board of Trustees								Date	
		<u> </u>	Lattest	that the above i	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian		7 411001				Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Target Range El	em					Missoula		0593	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reim	nbursement	0.00		00.100.	0.000	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian I	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters	
Manuel Lopes Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 8.5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.  RECTS:	times per day, tool Clerk June 1.	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tr 2. In March and June, transported for the p 3. The payment shall the	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
High School District Chair, Board of Trustees								Date	
		<u> </u>	Lattest	that the above i	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian		7 411001				Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity	
Target Range El	em					Missoula		0593	
High School or K-12 Dis	strict Responsit	le for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased reim	nbursement	0.00		00.100.	0.000	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade	
	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y   Both Semesters	
Rebecca Glidew Physical Address (st		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 12.1 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: EENTS: Due to Scho RKS: Send original of for your files.  RE	times per day,times per day,	days per week da	
insured driver will tr 2. In March and June, transported for the p 3. The payment shall the	s:  nsport or provide to ansport the studer the District shall pasts semester.  be computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	or bus stop on on for the dista ation upon certif 42, MCA, and	nce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
High School District Chair, Board of Trustees								Date	
		<u> </u>	I attest	that the above i	information	is true and correct.		l	
Signature - Parent or	Guardian		. 3				Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	Due to School Clerk June 1					
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u>.</u>	Legal Entity		
Target Range E	lem					Missoula		0593		
High School or K-12 Di	strict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ed between el	ementary an	d high scho	ol?						
Are you applying for	isolation statu	us? □ Yes	□ No		Ctur	dent Name	Cahaal		Crada	
(If yes, please attach	explanation)	nrovidos for	ingraged rain	mhuraamant	Siuc T	ient Name	School		Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and appointment and the mittee, and the	o receive oproved by the	Stud	dent Name	School		Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School		Grade	
		Ini	tials		Student Name School Grade					
Elem District Approval HS District Approval	□ yes □	□ no □ no							0.000	
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>			
	Name. (Fleas	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Onl	ly   Both Se	mesters	
Thomas Tate						Pre-kindergarten/Kindergarten				
Physical Address (st	reet address	oniy):			□ 1	☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary 8.1  Distance from home Elementary 0  Contract is for or Students in Each Grade Le	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	s stop, if any	y (one way)	is contract.  9-12 Total	Kind by to Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times	days days col-age student days days	s per week s per week s: s per week s per week s per week	
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	7 TU, retain a	
Room & Board						RF	EIMBURSEMENT R	ATF		
Corrognondonos							rict, county and OPI			
Correspondence										
Reg. Contingency						Reimb	ursement rate is deterr	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement between  (county name)  The parties agree as follow	. "	nt name)		County, hereina		d school district (district to as the District(s).			,	
The parent shall tra insured driver will tr	nsport or provide t ansport the studer the District shall p	nts. Mileage con	tracts are valid of	only when transporta	ition for the dista	nce reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nu			
The payment shall be computed on the basis of the schedule established in Section 20-10-14     This contract shall terminate at the end of the school year or when the student(s) is no longer										
Elementary School District Chair, Board of Trustees Target Range Elem						<del></del>		Date		
High School District Chair, Board of Trustees								Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006 Due to School Clerk June 1

Contract #

Heler	na, MT 59620	-2501		Di	Due to School Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Sunset Elem						Missoula		0594	
High School or K-12 Di	strict Responsib	le for Reimbur	rsing the Cont	ract		County		Legal Entity	
				10					_
Is this contract share  □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School	Grade	
(If yes, please attach	n explanation)	provides for	increased rain	nhursoment	7	cht ivame	OCHOOL	Orace	
rates for special circum increased rates, individ	stances of isola	tion of residen	ce. In order to	o receive	Stud	lent Name	School	Grade	
trustees of the district, Public Instruction. (10.7)	the county trans	portation com	mittee, and the						
Check here only if incre		, i	•	proved by the	Stud	ent Name	School	Grade	
District Trustees and th	ne County Trans	portation Com	mittee. tials	proved by the					
Elem District Approval HS District Approval		no			Stud	ent Name	School	Grade	
	□ yes □	□ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y   Both Semesters	
Betsy Gerlach									
Physical Address (st	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KINI	DERGARTEN/PRE	(INDEDGAPTEN:		
Distance from home	4	h l /			Kind	lergarten child ride		age students also covered	d
Distance from home Elementary 4	HS <b>0</b>	nooi (one wa	iy)		by tl	his contract: r from Bus Stop	times per day	days per week	
Distance from home	to nearest bu	is stop if any	(one way)		Тоо	r from School	times per day, _ es <u>without</u> other scho	days per week	
Elementary <b>0</b>	HS <b>0</b>	ю отор, п ап	(one may)		To o	r from Bus Stop	times per day, _	days per week days per week	
□ Contract is for or	ne-way only				Тоо	r from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans						INTY SUPERINTEN  for your files.	IDENTS: Send origina	al to OPI by July 10, retain a	a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is deterr	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parer	nt name)			, and	l school district (distr	rict name)	,	1
(county name)				County, hereina	after referred	to as the District(s).			
The parties agree as follow 1. The parent shall tra		ransportation for	the student(s) to	and from the school	ol or bus stop on	the days when school is in	session. The parent or guard	fian assures that a licensed and	
						nce reported on the contraction by the teacher or n		mber of days the student(s) was	
transported for the	past semester.	•	•		·	,	·		
4. This contract shall terminate at the end of the school year or when the student(s) is no longer								16:	
Elementary School District Chair, Board of Trustees Sunset Elem								Date	
High School District Chair, Board of Trustees							Date	_	
			l attes	t that the above	information	is true and correct.			_
Signature - Parent or	Guardian		ו מווכא	נ נווטג נווכ מטטעפ	momation	is true and contect.	Date		_
orginature - i arciil Oi	-au aidii						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity		
Sunset Elem						Missoula		0594		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
g yes no	ea between ei	ementary ar	ia nign schoo	) וכ						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	7	dent Name	301001		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Stuc	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	State School Gradi					
		In	itials		Student Name School Grade					
Elem District Approval HS District Approval		□ no □ no							Grade	
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters	
Dennis Tallon					, ,					
Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary <b>5</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	day	s ner week	
•			,		To c	or from School	times per day,	day	s per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week	
					To c	or from School	times per day,	day	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DVC. Condering	to County Cunt by Jul	lu 1 rotoin o oo	nu for vour	
	Total	Total	Total	Total	files		to County Supt by Ju	iy i, letalli a co	py ioi youi	
Regular Trans					COL	INTV CUDEDINTEN	IDENTS: Send origina	al ta ODI by July	, 10 rotoin a	
Spec. Ed. Trans						for your files.	IDENTS. Send ongine	al to OFI by July	y 10, letaill a	
Room & Board						RE	IMBURSEMENT R	ΔTE		
rtoom a board							rict, county and OPI	—		
Correspondence										
Reg.						 Reimhi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.						1.0	20-10-142, MCA.			
opco. La. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County hereins	ofter referred	to as the District(s).				
The parties agree as follow		rononartation for		•		` ,	session. The parent or guard	dian accurac that a li	aanaad and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract	ct actually occurs.			
transported for the	past semester.	•	•		•	•	rincipal of the school of the nu	amber or days the Stt	iuciii(s) was	
The payment shall be computed on the basis of the schedule established in Section 20-10-14     This contract shall terminate at the end of the school year or when the student(s) is no longer     Elementary School District     Chair Roard of Trustees								T = .		
Elementary School District Chair, Board of Trustees Sunset Elem								Date		
High School District Chair, Board of Trustees							Date			
Lattact that the chave info										
			I attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Clinton Elem						Missoula		0595		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for								
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade	
Public Instruction. (10.	·	J	,		Student Name School Grade					
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Becky Gurzynsk	(i				, ,					
Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
						DERGARTEN/PREM				
Distance from home Elementary .3	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day, _ times per day, _	_		
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:	
□ Contract is for o	ne-way only				To c	r from School	times per day, _	days	per week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.		adlines:				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	y for your	
Regular Trans							IDENTS: Send origina	ul to ODI by July	, 10 rotain a	
Spec. Ed. Trans						for your files.	DENTS. Selid oligilia	ii to OFI by July	TO, Telaili a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································	
(county name)				County, hereina	after referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	ian assures that a lic	ensed and	
	, the District shall p					nce reported on the contractification by the teacher or pr	ct actually occurs. incipal of the nul	mber of days the stu	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany thool, whichever occurs firs	ing this contract. t.			
Elementary School District Chair, Board of Trustees Clinton Elem								Date	_	
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		i alles	t triat trie above	inionnation	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Desirch Responsible for Rembursing the Cortiact  Clinton Elem  High School or K-12 Desirch Responsible for Rembursing the Cortiact  Is this contract shared between elementary and high school?  yes = 100  Are you applying for isolation stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  Are you applying for location stafus? Yos = No  BIBLACTRON Scaled of Indianal Stafus of Indianal Stafus of No  BIBLACTRON Scaled of Indianal Stafus of No  Conclus Approvise   you		ox 202501 na, MT 59620	)-2501				Clerk June 1		
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates)  strained and the contract of the county increased parentum for the cortice of the contract increased reimbursement increased rates, inclinated increased parentum for the cortice of the co	Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates)  SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates)  strained and the contract of the county increased parentum for the cortice of the contract increased reimbursement increased rates, inclinated increased parentum for the cortice of the co	Clinton Elem						Missoula		0595
Are you applying for isolation status? Yes No (If yes, please attach explanation)  ISOLATION: Section 2019-112, McA, provides for increased reimbursement rates for secal circumstance of isolation of residence. In order to receive free tracks or secal activation 2019-112, McA, provides for increased reimbursement rates for secal circumstance of isolation of residence. In order to receive free tracks are should be controlled to the control of the control		istrict Responsit	ole for Reimbur	sing the Cont	tract				
Are you applying for isolation status? Yes No (If yes, please attach explanation)  ISOLATION: Section 2019-112, McA, provides for increased reimbursement rates for secal circumstance of isolation of residence. In order to receive free tracks or secal activation 2019-112, McA, provides for increased reimbursement rates for secal circumstance of isolation of residence. In order to receive free tracks are should be controlled to the control of the control									
Solution		ed between el	ementary an	d high schoo	ol?				
BOLATION: Scott 236-1-14, M.C.R. provides to increased infinity and increased rates, including a claim and increased rates, including a community and increased rates, and increased rates, including a community and increased rates, and increased rates, including a community and increased rates, and increased				□ No		Stude	nt Name	School	Grade
Student Name	(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			3011001	Olddo
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no   no   no   no   no   no   no   n	increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and the	oproved by the	Stude	nt Name	School	Grade
District Trustees and the County Transportation Committee.	,	•	, and the second	•	annoyed by the	Stude	nt Name	School	Grade
Students Name			portation Com	mittee.	proved by the				
Present or Guardian Name: (Please Print)   Dave & Mandi Collins			□ no			Stude	nt Name	School	Grade
Dave & Mandi Collins Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 12 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-Kindergarten child rides with other school-age students also covered by this contract. To or from Bus Stop								DR:	
Physical Address (street address only):    State	Parent or Guardian	Name: (Pleas	e Print)					☐ 2nd Semester Onl	y   Both Semesters
Physical Address (street address only):						Pre-ki	ndergarten/Kinder	garten	
Distance from home to nearest school (one way)  Elementary 12	Physical Address (s	treet address	only):						y   Both Semesters
Distance from home to nearest school (one way) Elementary 12						KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   Total   Total   Total   Total   Total			chool (one wa	ıy)		<b>by th</b> i To or	s contract: from Bus Stop	times per day, _	days per week
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   Total   Total   Total   Total   Total   Total     Regular Trans   Spec. Ed. Contingency   Spec. Ed. Contingency   Spec. Ed. Contin.   Spec. Ed			ıs stop, if any	(one way)		To or <b>Kinde</b> To or	from School rgarten child ride from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg., Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  The paries agree as follows:  1. The parent shell trapport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	☐ Contract is for or	ne-way only				To or	from School	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties spice sagree as follows: 1. The parties spice as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 2. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dead	dlines:	nol Clark Juna 1	
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (district name)  County name)  County, hereinafter referred to as the District (s).  The parties agree as follows:  1. The parent shall transport tor provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Date  I attest that the above information is true and correct.		-			_				
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District(s).  The paries agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.		Total	Total	Total	Total		KS: Send original	to County Supt by Jul	y 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans					COU	ITY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)	Spec. Ed. Trans							DENTO: Ocha ongme	into or r by dury ro, retain a
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon the school of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees  Date  High School District Chair, Board of Trustees  Date	Room & Board								
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)	Reg.								<del></del>
Agreement between parent (parent name)							Reimbi		nined by
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Clinton Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.								
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Clinton Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  1. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Clinton Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	parent (pare	nt name)			, and s	school district (distr	rict name)	,
The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.					County, hereinat	fter referred to	as the District(s).		
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Clinton Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	The parent shall tra	insport or provide							lian assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Clinton Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol><li>In March and June,</li></ol>	the District shall p							mber of days the student(s) was
Elementary School District Clinton Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>The payment shall</li></ol>	be computed on the							
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	Elementary School I								Date
			Chair, Boa	rd of Truste	es				Date
				l attes	t that the above	information is	true and correct		
g	Signature - Parent or	Guardian		. 41103			and and control.	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due to Sch	nool Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Clinton Elem			Missoula		0595		
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high school	ol?					
Are you applying for isolation state		Si	tudent Name	School	Grade		
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased reir			3333.	3.443		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to ses must be reviewed and appropriation committee, and the	o receive Stronger	tudent Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	tudent Name	School	Grade		
	Initials  no no	Si	tudent Name	School	Grade		
County Approval	□ no		HIS CONTRACT IS FO rades 1-12	<u>)R:</u>			
Parent or Guardian Name: (Pleas	e Print)	_	1st Semester Only	□ 2nd Semester Only	□ Both Semesters		
Dick Novak Physical Address (street address	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest so Elementary 0 HS 0  Distance from home to nearest but Elementary 8.5 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if any (one way)	is contract.  9-12 Total  Co	y this contract: o or from Bus Stop o or from School indergarten child ride o or from Bus Stop o or from School  Deadlines: ARENTS: Due to Sch  LERKS: Send origina es.  OUNTY SUPERINTEN OPP for your files.  RE (For dist	times per day, tool Clerk June 1.	days per week da		
Agreement between parent (parel  (county name)  The parties agree as follows:  1. The parent shall transport or provide to insured driver will transport the studet.  2. In March and June, the District shall partiansported for the past semester.  3. The payment shall be computed on the following transported to the past semester.  4. This contract shall terminate at the end the sementary School District.  Clinton Elem	cransportation for the student(s) to the student (s) to the student (s) to the student (s) to the parent the sum officially a the basis of the schedule established of the school year or when the Chair, Board of Truste	only when transportation for the di pproved in the application upon co ned in Section 20-10-142, MCA, a student(s) is no longer enrolled in es	ed to as the District(s). on the days when school is ir stance reported on the contra ertification by the teacher or p	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and		
High School District	Chair, Board of Truste	es			Date		
	l attes	t that the above information	on is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	ue to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Clinton Elem						Missoula		0595	
High School or K-12 Di	strict Responsit	ole for Reimbu	ırsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			00.100.	3.443	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes		itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters	
Heather Yarrow Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 0 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 8.2 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K T 1-8 9-12 Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School defines: Definition Bus Stop or from School definition	times per day,times per day,	days per week da	
insured driver will tr 2. In March and June, transported for the The payment shall	s: nsport or provide t ansport the studer the District shall past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred I or bus stop on ion for the dista ation upon certi 142, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District Chair, Board of Trustees								Date	
l attest that the above info					informatia-	io truo and accest			
Signature - Parent or	Guardian		ı attest	unat the above	iiiiormation	is true and correct.	Date		
Jigilatalo i alelit Ol	- 441 41411						_4.0		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Diseast Responsible for Reimbursing the Contract    County	Helena, M	ит 59620-2	2501		Du	ie to Scho	ol Clerk June 1			
Is this contract shared between elementary and high school?  yes   no Are you applying for isolation status?   Yes   No (If yes, please attach explanation)    SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract in the Contract	Elementary District Respon	sible for Reir	mbursing the	Contract			County		Legal Entity	_
Is this contract shared between elementary and high school?  yes   no Are you applying for isolation status?   Yes   No (If yes, please attach explanation)    SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract in the Contract	Clinton Flem						Missoula		0595	
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Correspondence  Reg.  County name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County, hereinafter referred to as the District, or include the sucread of the sort only are shooted after number of caps the subrespondence in the sucread parent of the sucread of		t Responsible	e for Reimbu	rsing the Cont	ract					
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Correspondence  Reg.  County name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County hereinafter referred to as the District, county and OPI use only)  Regiment between parent (parent name)  County, hereinafter referred to as the District, or include the sucread of the sort only are shooted after number of caps the subrespondence in the sucread parent of the sucread of										
Solution		etween ele	mentary an	d high schoo	ol?					
Student Name			s? □ Yes	□ No		Stud	lent Name	School	Grade	
Intension for special corunstances of leadston of residence. In order to receive intronseed rates, ordividual circumstances must be reviewed and approved by the process of the district, she county is supportation committee, and the College of Public Intension (IC)-7.18 ARI) provides guidelines to such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no	(If yes, please attach ex ISOLATION: Section 20-1	planation) 0-142, MCA,	provides for	increased rein	nbursement	Otat	John Hamo	Concor	Siddo	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no   no   no   no   no   no   no   n	increased rates, individual of trustees of the district, the of	circumstance county transp	es must be re cortation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade	
Students Name	Check here only if increase	d payment du	ue to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade	
Present or Guardian Name: (Please Print)   Julie & Dennis Lackner			no					2020.	Grade	
Part of Guadrian Name: (Please Print)		yes 🗆	no					<u>DR:</u>		
Physical Address (street address only):    Stance from home to nearest school (one way)	Parent or Guardian Nan	ne: (Please	Print)							
Distance from home to nearest school (one way)  Elementary 1.4 HS 0  Distance from home to nearest school (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level-Only include the students to be covered by this contract.  Pre-K K 1-8 9-12  Total Total Total Total Total  Correspondence  Reg.  Contract Reg.  Contingency  Spec. Ed. Contin.  Regular Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  County name  Coun			nly):							
(county name)	Distance from home to nearest school (one way) Elementary 1.4 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School  adlines: RENTS: Due to Scho ERKS: Send original .  JNTY SUPERINTEN y for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day, times	days per week days per week ol-age students: days per week  1 to OPI by July 10, retain a late only)  The days per week days per	
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	(county name) The parties agree as follows:  1. The parent shall transpo insured driver will transpo? 2. In March and June, the I transported for the past stansported for the past transported for	rt or provide tra ort the students District shall pay semester. Imputed on the nate at the end	ansportation for s. Mileage con y the parent the basis of the so of the school y	the student(s) to tracts are valid o e sum officially ap thedule establish year or when the	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in nee reported on the contrat fication by the teacher or put the information accompany	session. The parent or guardi ct actually occurs. rincipal of the school of the nun ring this contract.	an assures that a licensed and nber of days the student(s) was	
									Date	
				I attest	that the above	information	is true and correct.		I	_
	Signature - Parent or Gua	rdian						Date		=

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT	59620-2501		Due	to School Clerk June 1		
Elementary District Responsib	le for Reimbursing the	Contract		County	1	Legal Entity
Clinton Elem				Missoula		0595
High School or K-12 District R	esponsible for Reimbu	ursing the Contra	act	County		Legal Entity
Is this contract shared beto ☐ yes ☐ no	veen elementary ar	nd high school	?			
Are you applying for isolati		□ No		Student Name	School	Grade
(If yes, please attach explain ISOLATION: Section 20-10-1	42, MCA, provides for					
rates for special circumstance increased rates, individual circ trustees of the district, the cou Public Instruction. (10.7.116 A	umstances must be renty transportation com	eviewed and app nmittee, and the	proved by the	Student Name	School	Grade
Check here only if increased p			roved by the	Student Name	School	Grade
Elem District Approval □ ye	In s 🗆 no	itials		Student Name	School	Grade
HS District Approval ☐ ye County Approval ☐ ye				THIS CONTRACT IS FO	DR:	
Parent or Guardian Name:	(Please Print)			Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Only	y
Kurtis & Kerry Wheel				Pre-kindergarten/Kinder	garten	
Physical Address (street a	ddress only):			☐ 1st Semester Only		y    Both Semesters
				KINDERGARTEN/PREI		
Distance from home to nea Elementary <b>20.5</b>	arest school (one w HS <b>0</b>	ay)		by this contract:		days per week days per week
Distance from home to nea Elementary <b>0</b> HS <b>0</b>		y (one way)		Kindergarten child ride To or from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
☐ Contract is for one-way	only			To or from School	times per day, _	days per week
Students in Each Grade Level - On	ly include the students to	be covered by this	contract.	Deadlines:	a al Olamba Issa a 4	
	e-K K	1-8	9-12	PARENTS: Due to Sch		
То	tal Total	Total	Total	<b>CLERKS:</b> Send origina files.	to County Supt by July	y 1, retain a copy for your
Regular Trans					IDENTS. Sand origina	I to ODI by July 10, rotain a
Spec. Ed. Trans				copy for your files.	IDENTS. Send ongina	l to OPI by July 10, retain a
Room & Board				RE	EIMBURSEMENT RA	ATE
Correspondence				(For dist	rict, county and OPI	use only)
Reg.						
Contingency				Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.					20-10-142, WCA.	
Agreement between paren	t (parent name)			, and school district (dist	rict name)	,
(county name)		C	ounty hereinafte	er referred to as the District(s).		
The parties agree as follows:	r provide transportation fo		•	r bus stop on the days when school is in		ian assures that a licensed and
insured driver will transport	the students. Mileage cor	ntracts are valid on	ly when transportation	n for the distance reported on the contra- on upon certification by the teacher or p	ct actually occurs.	
transported for the past sem 3. The payment shall be comp	nester. uted on the basis of the s	chedule establishe	d in Section 20-10-14	2, MCA, and the information accompany	ring this contract.	. (-,
4. This contract shall terminate Elementary School District	at the end of the school	year or when the s ard of Trustee	tudent(s) is no longer	enrolled in school, whichever occurs firs	t.	Date
Clinton Elem	ŕ					
High School District	Chair, Bo	ard of Trustee	s 			Date
		I attest	that the above ir	formation is true and correct.		
Signature - Parent or Guardi	an				Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ie to School Clerk J	une 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Clinton Elem					Missou	la	0595
High School or K-12 D	istrict Responsit	ole for Reimbu	ursing the Con	tract	County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for					
rates for special circum increased rates, individ	dual circumstand	ces must be re	eviewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incre District Trustees and the				pproved by the	Student Name	School	Grade
Elem District Approval	-		itials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRA	ACT IS FOR:	
Parent or Guardian					Grades 1-12 □ 1st Semeste	er Only    2nd Semester Onl	y   Both Semesters
Michelle Charles	S					·	
Physical Address (s		only):				en/Kindergarten er Only     □  2nd Semester Onl	y   Both Semesters
						EN/PREKINDERGARTEN:	
Distance from home	to nearest so	chool (one w	ay)		Kindergarten by this contra	child rides <u>with</u> other school-a ct:	age students also covered
Elementary 7.6	HS <b>0</b>				To or from Bus	Stop times per day,	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergarten	ool times per day, child rides without other scho Stop times per day, ool times per day,	ool-age students:
□ Contract is for o	ne-way only				To or from Sch	ool times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadlines:	in to Colonel Clark, live 4	
	Pre-K	_K	1-8	9-12		ue to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Ser files.	nd original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUP	ERINTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your fi		arto or r by oary ro, retain a
Room & Board						REIMBURSEMENT R	· · · <u> </u>
Correspondence						(For district, county and OPI	use only)
Reg.						Daire burns and the training	
Contingency						Reimbursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement betweer	parent (pare	nt name)			, and school dis	strict (district name)	,
(county name) The parties agree as follow	ne.			County, hereinat	fter referred to as the [	District(s).	
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					n school is in session. The parent or guard n the contract actually occurs.	dian assures that a licensed and
	, the District shall p					teacher or principal of the school of the nu	imber of days the student(s) was
<ol> <li>The payment shall</li> <li>This contract shall</li> </ol>	be computed on the terminate at the er	nd of the school	year or when the	student(s) is no longe	142, MCA, and the information er enrolled in school, whichever	n accompanying this contract. er occurs first.	1 -
Elementary School Clinton Elem	District	Chair, Boa	ard of Truste	es			Date
High School District		Chair, Boa	ard of Truste	es			Date
		l	I attes	t that the above	information is true and	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 ı, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Clinton Elem						Missoula		0595
High School or K-12 Dist	rict Responsib	ole for Reimbu	ırsing the Cont	ract		County		Legal Entity
Is this contract shared   □ yes □ no	l between el	ementary ar	nd high schoo	ol?				
Are you applying for is			□ No		Stud	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		John Hamo	2011201	Siddo
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	al circumstanc e county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						dent Name	School	Grade
Elem District Approval		no	itials		Stud	dent Name	School	Grade
	,	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian N	ame: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Sally Roske					·	ĺ	, = ===================================	
Physical Address (stre	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
					KIN	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home to nearest school (one way) Elementary 11 HS 0						his contract: or from Bus Stop	times per day,	ge students also covered days per week
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$						dergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week
□ Contract is for one	e-way only				100	or from School	times per day, _	days per week
Students in Each Grade Leve	el - Only include	the students to I	be covered by thi	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		ERKS: Send origina		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between p	arent (parer	nt name)			, and	d school district (dist	rict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(county name)			(	County, hereinaf	fter referred	to as the District(s).		
	sport or provide t		r the student(s) to	and from the school	or bus stop on	the days when school is in		ian assures that a licensed and
<ol><li>In March and June, th</li></ol>	ne District shall p					nce reported on the contra- fication by the teacher or p		mber of days the student(s) was
	computed on th					the information accompany		
Elementary School Di			gear or when the ard of Truste		er erriolled in so	chool, whichever occurs firs	L.	Date
Clinton Elem High School District		Chair. Boa	ard of Trustee	es				Date
			I attest	that the above	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Clinton Elem						Missoula		0595
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Olddo	in rame	0011001	Ciudo
increased rates, individe trustees of the district,	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade
Check here only if incr	eased payment	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Grade
District Trustees and the	•		mittee. tials		Stude	nt Name	School	Grade
Elem District Approval HS District Approval		□ no □ no						Grade
County Approval	□ yes	□ no				CONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian	name: (Pleas	e Print)			☐ 1st	Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Shaina Davidso Physical Address (s		only):				indergarten/Kinder		
Friysical Address (s	lieet address	Offig).			☐ 1st	Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Distance from home Elementary <b>6.6</b>	e to nearest so	chool (one wa	ay)		Kinde by thi	is contract:	es <u>with</u> other school-a	ge students also covered days per week
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0						from School  rgarten child ride	times per day, _ es without other scho	days per week  ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				I o or	from School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER			y 1, retain a copy for your
Regular Trans					files.	ITV 011DEDINITEN		0511 40
Spec. Ed. Trans						for your files.	IDEN 15: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimbi	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	,
A sure a see a set le atura a s		-4					siat mama)	
Agreement betweer	i pareni (parei	nt name)					rict name)	,,
(county name) The parties agree as follow				•		o as the District(s).		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	on for the distanc	e reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.		•		•	,	•	nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y		student(s) is no longe		e information accompany ool, whichever occurs firs		Date
Elementary School Clinton Elem		,						
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information is	s true and correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Clinton Elem						Missoula		0595
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	Otac	ioni riamo	2011001	Grado
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstand ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Stuc	lent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade
	Initials Elem District Approval □ yes □ no				Stuc	lent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian N	lame: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y    Both Semesters
Virginia Beckhus	<b>;</b>				Dre	kindergarten/Kinder	rarten	
Physical Address (street address only):								y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to nearest school (one way) Elementary 0 HS 0						his contract: or from Bus Stop	times per day,	ge students also covered days per week
Distance from home to nearest bus stop, if any (one way) Elementary <b>6.7</b> HS <b>0</b>						dergarten child ride	es without other scho	days per week ol-age students: days per week days per week days per week
☐ Contract is for on	e-way only				100	r from School	times per day, _	days per week
Students in Each Grade Lev	el - Only include	the students to I	be covered by thi	s contract.	Dea	adlines: ENTS: Due to Sch	aal Clark Juna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN  for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						·	EIMBURSEMENT RA	··· <b>-</b>
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Daimh	ursement rate is detern	ained by
Contingency						Reillibi	20-10-142, MCA.	inled by
Spec. Ed. Contin.								
Agreement between	parent (parer	nt name)			, and	school district (dist	rict name)	,
(county name)			(	County, hereinaf	ter referred	to as the District(s).		
	sport or provide t		r the student(s) to	and from the school	or bus stop on	the days when school is in		ian assures that a licensed and
<ol><li>In March and June, t</li></ol>	the District shall p					nce reported on the contractification by the teacher or p		mber of days the student(s) was
	e computed on th					the information accompany		
Elementary School D			year or when the ard of Truste		er enrolled in so	hool, whichever occurs firs	t.	Date
Clinton Elem High School District		Chair Bor	ard of Truste	29				Date
I light ochool District		Criaii, DO	aru or rruste					Date
			I attest	that the above	information	is true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity		
Seeley Lake Ele	em.					Missoula		0597		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	ea between ei	ementary ar	ia nign scho	) וכ						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	7	ient Name	301001		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order t	o receive	Stuc	lent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		State Name Sonor					
Public Instruction. (10.	Public Instruction. (10.7.116 ARM provides guidelines for such.)						School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name School Grade					
		In	itials		Stuc	lent Name	School		Grade	
Elem District Approval HS District Approval		□ no □ no								
County Approval		□ no				THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	ly 🛛 Both Se	mesters	
Ann Marlatt					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	ly 🛛 Both Se	mesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary <b>5.8</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	days	s ner week	
•			,		To c	or from School	times per day,	days	s per week	
Distance from home Elementary <b>4.5</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age student	ts: s ner week	
					To c	or from School	times per day,	days	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by the	s contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sand original	to County Supt by Jul	ly 1 rotain a co	ov for your	
	Total	Total	Total	Total	files		to County Supt by Jul	iy i, ietalii a co	by for your	
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a	
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	7 TO, Tetalii a	
Room & Board						RF	IMBURSEMENT R	ATF		
							rict, county and OPI			
Correspondence										
Reg.						 Reimbi	ursement rate is deterr	mined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
5p00. Eu. 00mm.										
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)				County hereina	ofter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	rensed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.		•		•	the information accompany	·	ander or days the Stu	was	
<ol><li>This contract shall</li></ol>	terminate at the en	d of the school	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs		15.		
Elementary School   Seeley Lake Elem	District	trict Chair, Board of Trustees Date								
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Seeley Lake Ele	em					Missoula		0597			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	lent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	nbursement	1						
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade		
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
	Initials  Elem District Approval □ yes □ no						Student Name School Grade				
HS District Approval County Approval		no				THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	v □ Both Sei	mesters		
Don & Karla Skillicorn						kindergarten/Kinderg		,			
Physical Address (street address only):							☐ 2nd Semester Only	y 🗆 Both Sei	mesters		
						DERGARTEN/PREM					
Distance from home to nearest school (one way) Elementary 14 HS 0						his contract:	es <u>with</u> other school-a times per day, _ times per day, _	_			
Distance from home to nearest bus stop, if any (one way) Elementary 1 HS 0					Kind	dergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				To c	r from School	times per day, _	days	per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	s contract.		adlines:	101 1 1				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your		
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OBI by July	10 rotain a		
Spec. Ed. Trans						for your files.	DENTO. Gend ongine	ar to Or 1 by July	io, retain a		
Room & Board						RE	IMBURSEMENT RA	ATE			
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.											
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.							, , , , , , , ,				
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)				
(county name)			(	County, hereina	after referred	to as the District(s).					
	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and		
	, the District shall p					nce reported on the contraction by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stud	dent(s) was		
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.				
Elementary School Seeley Lake Elem			ard of Truste					Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			Lattes	t that the chara	information	is true and correct					
Signature - Parent or	Guardian		ı alles	t triat trie above	inionnation	is true and correct.	Date				
	<b></b>										

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Seeley Lake Eler	m					Missoula		0597
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  □ yes □ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for i			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Clade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	stances of isola lal circumstand ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade
Elem District Approval  yes  no  HS District Approval  no						lent Name	School	Grade
	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Name: (Please Print)						st Semester Only	☐ 2nd Semester Only	y ☐ Both Semesters
Sharon Teague Physical Address (street address only):						kindergarten/Kinder st Semester Only		y   Both Semesters
Distance from home Elementary 14  Distance from home Elementary 1  Contract is for one Students in Each Grade Leventary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	is stop, if an	y (one way)  De covered by this  Total	9-12 Total	Mine To co To co PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School  adlines: RENTS: Due to Scho REKS: Send original or for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,times per day,	days per week da
insured driver will tra 2. In March and June, to transported for the polyment shall be	s: sport or provide t insport the studer he District shall p ast semester. e computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	hair, Board of Trustees Date					
		<u> </u>	I attest	that the above i	information	is true and correct.		I
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501				2005- 2006 Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
High School or K-12 Di	istrict Responsib	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Frenchtown K-1	2 Schools					Missoula		0599
Is this contract share	ed between el	ementary ar	d high scho	ol?				·
Are you applying for	isolation statu	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Otado	nt Name	Genoor	Clade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstanc the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Stude	nt Name	School	Grade
	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade
Elem District Approval		□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Please	e Print)				es 1-12 : Semester Only	□ 2nd Semester On	ly   Both Semesters
Kelly Johnson Physical Address (s	only):				ndergarten/Kinder			
Filysical Address (s	Offiy).				,	□ 2nd Semester On	ly   Both Semesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for or Students in Each Grade Lead	HS <b>0</b> to nearest bu HS <b>18.5</b> ne-way only	the students to t	y (one way)  De covered by th	is contract.  9-12 Total	Kinde by thi To or To or Kinde To or To or To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch	times per day,	days per week days per week
Dogular Trans	Total	Total	Total	Total	files.	a <b>ks:</b> Send origina	i to County Supt by Ju	ly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans						NTY SUPERINTENT For your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT R	ATE
Correspondence						(For dist	trict, county and OPI	l use only)
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Agreement between	parent (parer	nt name)			, and	school district (dist	rict name)	,
insured driver will to 2. In March and June, transported for the 3. The payment shall	Insport or provide to transport the studer, the District shall perpast semester. be computed on the	nts. Mileage cor pay the parent the	the student(s) to stracts are valid of e sum officially a	o and from the school of only when transportation approved in the application of the section 20-10-14	or bus stop on the on for the distance tion upon certification.	e reported on the contra	n session. The parent or guard ct actually occurs. principal of the school of the nu ying this contract.	dian assures that a licensed and umber of days the student(s) was
Elementary School I			ard of Truste			,	<del></del>	Date
High School District Frenchtown K-12 Sc		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box Helena,	202501 MT 59620	-2501			chool Year 2005- 2006 e to School Clerk June	1	
Elementary District Respo	nsible for Re	imbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 Distri	ct Responsib	le for Reimbu	rsing the Con	tract	County		Legal Entity
Frenchtown K-12	Schools				Missoula		0599
Is this contract shared ☐ yes ☐ no	between ele	ementary an	d high scho	ol?			
Are you applying for iso	xplanation)		□ No		Student Name	School	Grade
ISOLATION: Section 20- rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	inces of isola circumstanc county trans	tion of resident es must be resportation com-	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	to receive pproved by the	Student Name	School	Grade
Check here only if increas District Trustees and the 0				oproved by the	Student Name	School	Grade
		no	tials		Student Name	School	Grade
		no no			THIS CONTRACT I	S FOR:	
Parent or Guardian Na	me: (Please	e Print)			Grades 1-12 ☐ 1st Semester Or	lly □ 2nd Semester On	lly   Both Semesters
Teresa A. Bowma					Pre-kindergarten/Ki	ndergarten	
Physical Address (street	et address (	only):				ly	lly   Both Semesters
Distance from home to Elementary <b>0</b> Distance from home to Elementary <b>0</b>	HS 10	·			Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child	times per day, times per day, times per day,	days per week days per week days per week ool-age students: days per week days per week days per week
□ Contract is for one-	, ,					amoo per day,	days por wook
Students in Each Grade Level			•		Deadlines: PARENTS: Due to	School Clerk June 1.	
<u> </u>	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send ori	ginal to County Supt by Ju	ıly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans					COUNTY SUPERING COPY for your files.	ITENDENTS: Send origin	al to OPI by July 10, retain a
Room & Board					copy for your files.	REIMBURSEMENT R	PATE
Correspondence					(For	district, county and OP	
Reg. Contingency					Re	eimbursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, MOA.	
Agreement between pa	arent (parer	nt name)				,	,
(county name) The parties agree as follows:				•	er referred to as the Distri	• •	
insured driver will trans	port the studer	nts. Mileage con	tracts are valid	only when transportation	on for the distance reported on the	ol is in session. The parent or guar contract actually occurs. er or principal of the school of the ni	
transported for the pas 3. The payment shall be of	t semester. computed on th	e basis of the so	hedule establish	hed in Section 20-10-1	42, MCA, and the information accord	mpanying this contract.	ambor of days the studefit(s) was
4. This contract shall term Elementary School Dis	ninate at the en	d of the school y	ear or when the ard of Truste	student(s) is no longe	r enrolled in school, whichever occi	urs first.	Date
High School District Frenchtown K-12 Scho		,	ard of Truste				Date
1 Telicitiowil IX-12 SCIIC	013		I attes	t that the above i	nformation is true and corr	ect.	
Signature - Parent or Gu	ardian					Date	